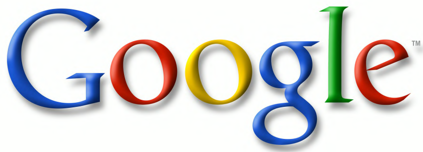

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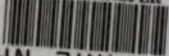

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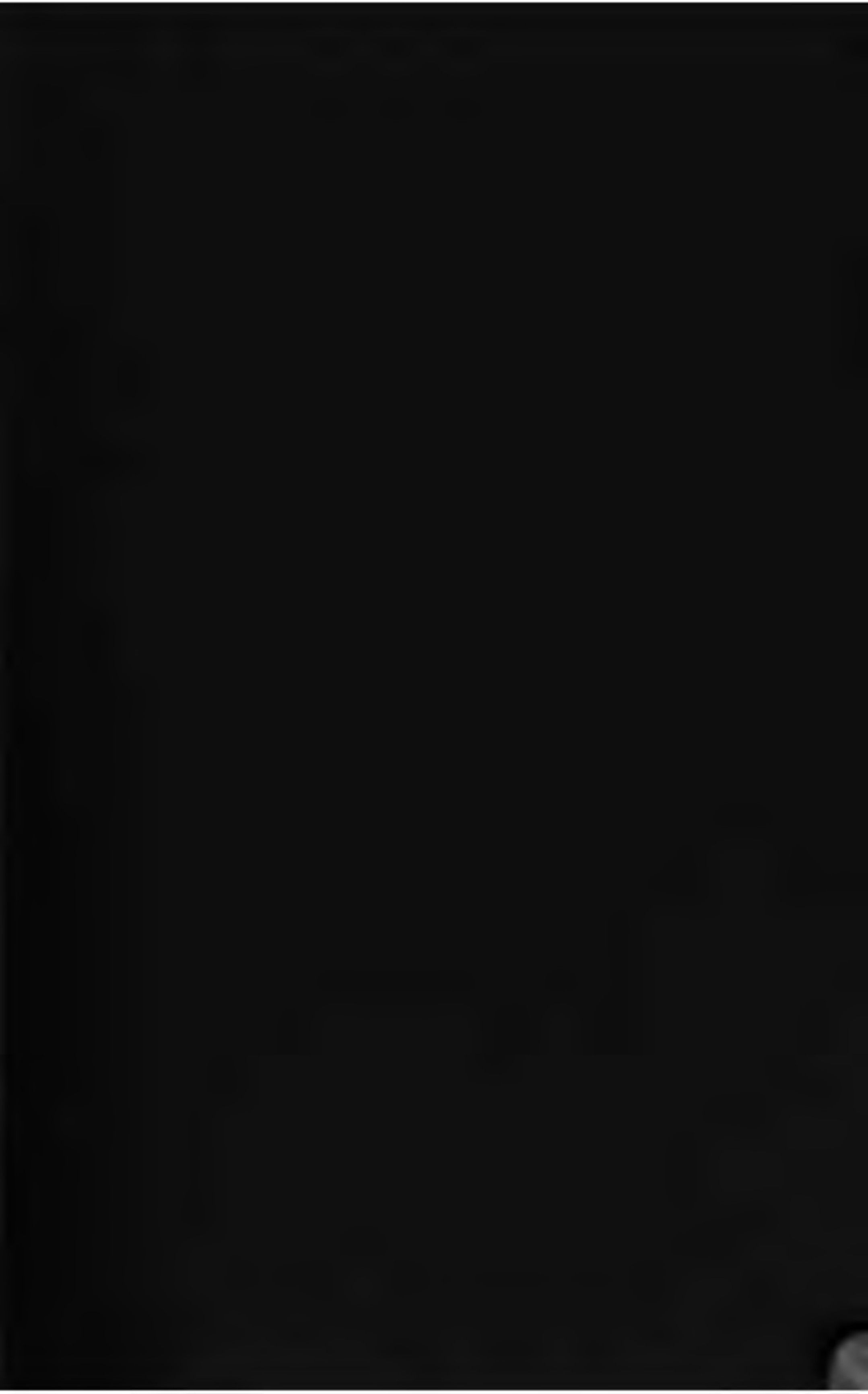

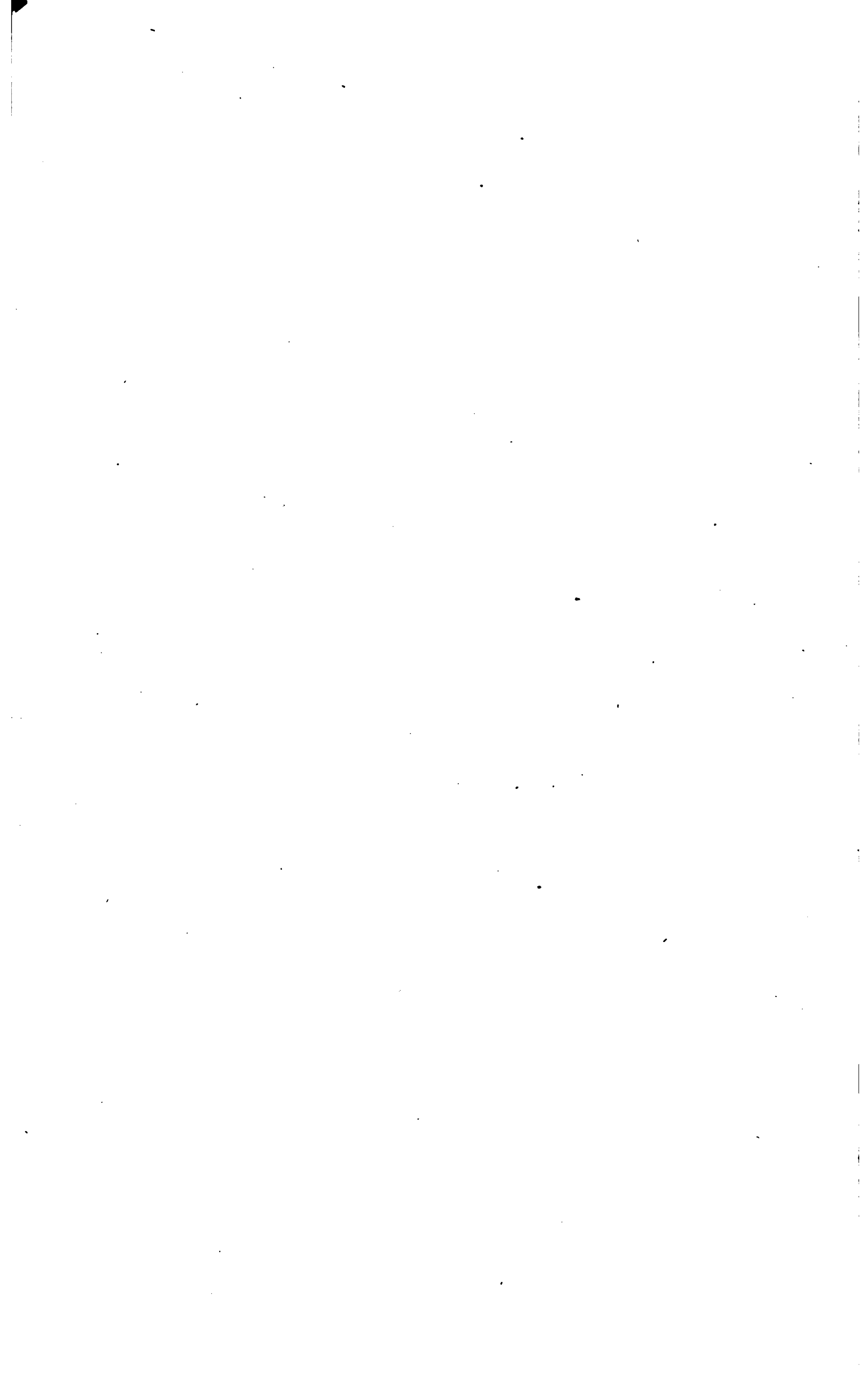

George F. Jelly

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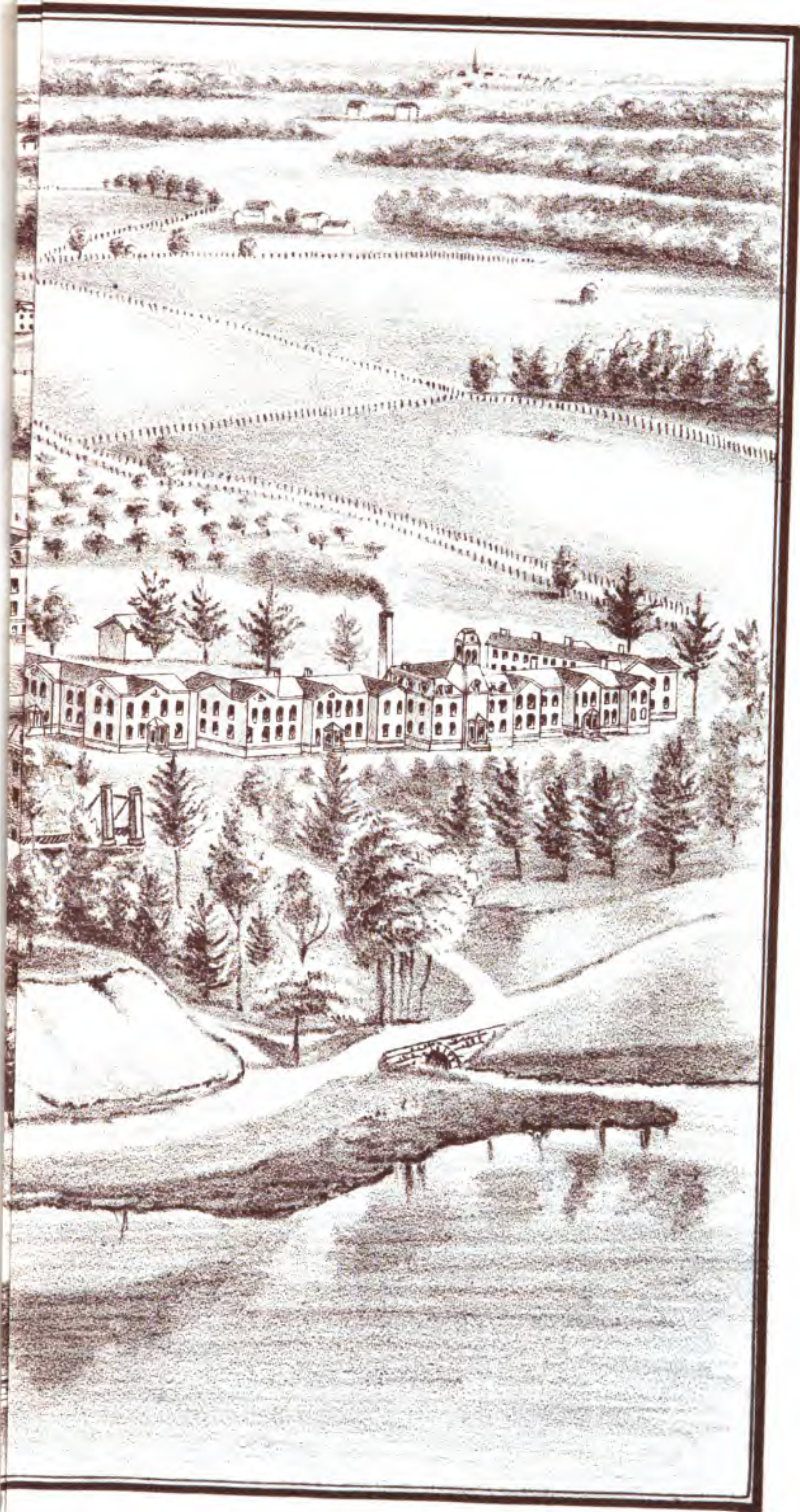
Chas. F. Folsom

July 1877



DISEASE OF THE MIND.

NOTES ON THE EARLY MANAGEMENT, EUROPEAN AND AMERICAN PROGRESS, MODERN METHODS, ETC.

IN THE

TREATMENT OF INSANITY,

WITH ESPECIAL REFERENCE TO THE NEEDS OF

Massachusetts and the United States.

BY CHARLES F. FOLSOM, M.D.,
SECRETARY OF THE MASSACHUSETTS BOARD OF HEALTH.

BOSTON:
A. WILLIAMS & CO., PUBLISHERS,
NO. 283 WASHINGTON STREET.
1877.

KF 2612

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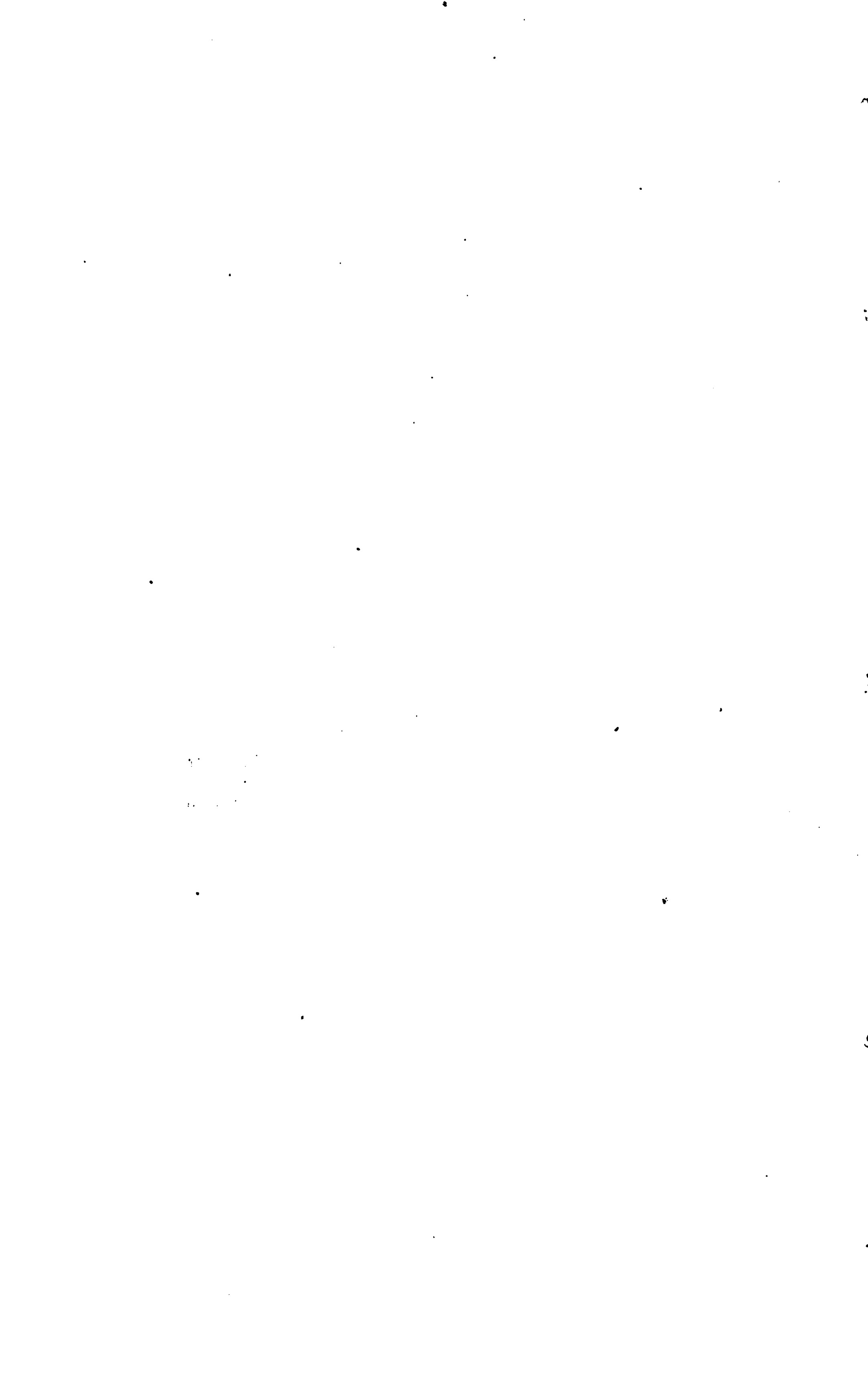


The following pages appeared originally in the Eighth Annual Report of the State Board of Health of Massachusetts. This edition is published at the request of several persons who desired to have the essay in a permanent form.

DISEASE OF THE MIND.*

"Other nations are making rapid progress; and if the States are to keep before them, or even to keep up with them, they must be anxiously looking around for suggestions, and ready to adopt improvements from all quarters."—*President McCosh in the International Review, March,* 1874.

"It is manifest, that if we would hope to keep our institutions up to the recent level of those of England and France and Germany, it must be done by unremitting activity, by never being satisfied with present attainments, and by keeping the community well advised of the absolute necessity of liberal means to meet this great end."—*Dr. Luther V. Bell's Report for* 1853.

EARLY TREATMENT OF THE INSANE.

It is impossible to get any fair idea of the present status of the insane † and their treatment without reviewing briefly the history of the subject. Mental aberration has, of course, existed in some form from the earliest times. The ancient Egyptians had temples ‡ dedicated to Saturn (Seb) in charge

* This term (on the whole, the least objectionable) is used as signifying a certain morbid condition of the brain, whereby the cerebral functions are impaired to a sufficient degree to seriously interfere with the ordinary relations of life, or render them impossible. Of course this "certain morbid condition" was arbitrarily limited in its application when little was known of the subject; it is meant to exclude a similar state of the mental, moral and emotional faculties often observed in many of the common fevers and other diseases.

The writer desires to express his indebtedness to Rev. W. C. Gannett, Dr. D. F. Lincoln, and Dr. A. H. Nichols, for many valuable suggestions and criticisms in their careful revision of the manuscript or proof, and to Dr. Edward Jarvis for the use of his library of rare pamphlets, reports, etc., in preparing this paper. Several hundred books, pamphlets, reports, etc., have been consulted; but no attempt is made to give a bibliography of the subject, which, indeed, would constitute a large volume by itself. If any desire to pursue their investigations farther, the references in the text and in the foot-notes will probably be sufficient for their purpose.

† The discussion of the subject here will be confined within its strictly practical limits. Those portions, therefore, which relate to the causes, prevalence, increase, prevention, etc., have been necessarily omitted, as involving a minute examination of statistics, and as demanding a separate consideration by themselves.

‡ It is well known that the Greeks and Romans treated the sick, and probably some of the insane, too, in rooms adjoining their temples.

of priests, who "cured" the insane by amusement, occupation and healthful habits chiefly, but with the pretended exercise of spiritual influence. In the early Greek writers, and in the Old Testament, we find delineations of mental disease, and in the later Greek tragedians, but without any apparent appreciation of its true character. The physicians were mystics: some of them recommended hellebore from Mount Œta, and others extolled that of Galatia or Sicily. Hippocrates first had a fair conception of the real nature of insanity, and treats of it, although briefly, on more rational principles. Some of his disciples had very clear ideas of its treatment by medical and moral means; but the Hippocratic oath bound them to a secrecy which prevented their knowledge from becoming at all general. Asclepiades, although differing with Hippocrates in many points of theory, had essentially the same views with regard to the nature of mental disease, —its dependence on bodily conditions, and its treatment by remedial agents. Plato thought that there were two forms of mania,—one of purely corporeal origin, and one an inspiration from the gods.

The first insane asylum of which we have any definite knowledge was built by the monks at Jerusalem, in the sixth century, for their fellows whose reason had given way under the austere penances which had produced a St. Jerome and a St. Simeon Stylites. This was about two centuries after the establishment of the first public hospital, which was built by a Roman lady as a penance and a gift to her native city.

In the seventh century, the insane began to make pilgrimages to the shrine of St. Dympna * at Gheel, near Antwerp, in the hope that they would there find restoration to health. In time quite a colony of them grew up, living in the houses of the peasants, to which others of the insane were sent, because they could be cheaply cared for there. Later still, it was taken in charge, and in 1851 organized by the State, still keeping up the daily visit to St. Dympna's tomb, without

* An Irish girl who fled thither to escape from a cruel father, and whose persecutions, when followed and found by him, became famous. We have become familiar, recently, with a similar movement in the "miraculous appearance" at Lourdes in France, and in the annual pilgrimages to that place.

which the benefits from air, exercise and employment were thought of little account.

At Fez, several asylums existed in the seventh century. At the beginning of the fourteenth century, one was built at Cairo, and Lecky thinks that "it is probable that the care of the insane was a general form of charity in Mohammedan countries." *

Among Christians, the first in Western Europe was founded by a monk in Valencia in 1409, and the same century saw the establishment of four others in Spain. The Moors were undoubtedly in advance of the Christians at this time in all matters relating to health; † and Desmaisons gives them the credit of this movement in Spain. An insane asylum was opened in Utrecht ‡ in the fifteenth century, which remained in private hands until 1834. In the middle of the sixteenth century, the Spaniards erected an insane asylum in Rome, the year after the old hospital, now represented by Bethlehem § ("Bedlam"), was opened in London, and about a century before the first || in Paris.

During the two centuries following the establishment of the first asylum in Spain, the monks, who were the principal depositaries of medical knowledge, had the care of the insane in convents in Europe. Their treatment was, with few exceptions, ignorant and barbarous, until St. Vincent de Paul travelled from land to land proclaiming that the darkened mind, which was at that time looked upon and treated as if possessed by evil spirits, was just as much a visitation from God as the darkened eyesight. The Franciscan monks used then to whip daily those under their charge,—a means of discipline which, indeed, they used also upon themselves; and it would be idle to guess how many were burned, put to the rack, etc.,

* History of European Morals, II., p. 94.

† Seventh Report of the State Board of Health, p. 276.

‡ A Visit to Thirteen Asylums for the Insane in Europe. By Pliny Earle, M. D., Philadelphia, 1841. Institutions for the Insane in Prussia, Austria, and Germany. By Pliny Earle, M. D., Utica, 1853.

§ This was founded in 1246 as one of the religious houses of the Order of Bethlehem. When these houses were suppressed in the time of Henry VIII, it became a small insane asylum for the corporation of London, although the insane had been known to be received there for at least the previous century and a half. It was rebuilt in 1675, and again in 1814. The first medical attendant was appointed in 1632.

|| This was really only a department of the Hôtel Dieu, where three or four were sometimes placed in one bed.

under the theory of witchcraft and devilcraft. The Knights of Malta, at that time, received the insane with the other sick in their hospitals.

In 1751, a few benevolent gentlemen in London established the first asylum in modern times (St. Luke's) for the care of the insane exclusively. From the first, there were separate wards for the curable and for the incurable.

At the very close of the last century, there were three corporate asylums and one public in the United States, and five public in England. The private asylums were also very few, that of the parson-doctor, Willis, in England, being the most celebrated. In fact, the reputation of Willis was so great that he was called to attend King George the Third in his second attack of mental disease in 1788. His treatment of even so exalted a personage was arbitrary and dogmatic in the extreme. Mechanical restraint was liberally used, and the strait-jacket was one of the common means of "discipline." In his own asylum it must have been the same, although for his more quiet patients he was in advance of his day, and depended to some extent on an excellent table, regular habits, general good health and agreeable occupation; but he allowed his attendants to beat the more unruly * when they thought it necessary.

The age was one of the most absolute dogmatism; but insanity and the phenomena of mind were thought to belong to the province of the theologian and the metaphysician, and their dogma was even more narrow than that of the doctors.

Neither Hoffmann, Stahl nor Boerhaave had advanced the knowledge of insanity. Cullen in Scotland and Morgagni in Italy had begun accurate observations; but not until John Hunter went to London, in 1748, was the inductive method of study in medicine fairly inaugurated, and he was so far in advance of his time that he never had an audience of twenty persons in all the years of his lecturing. Although he was "a man, who, for comprehensive and original research, comes immediately after Adam Smith, and must be placed far above any other philosopher whom Scotland has produced," † his principle of careful deductions from recorded facts had

* This was also permitted by the regulations of "Bedlam."

† Buckle's History of Civilization, II., p. 432.

not been generally adopted in medicine, and nowhere had it been applied to the study of the mind. The regular physicians did not study mental diseases in the schools, and Warren and his illustrious compeers in London looked upon Willis, with his enormous fees, as only a charlatan.

During the last quarter of the past century, the insane, when not entirely neglected, were almost universally confined in jails and poorhouses, and, of course, in chains. In Scotland, a farmer, "as large as Hercules," had a reputation for curing them by his severity. In England, the practice of making several hundred pounds a year, by exhibiting the inmates of Bethlehem Hospital to the populace for a small fee, was given up only in 1770. In France, asylums were considered only as receptacles for chronic cases, where the attendants (often convicts serving out their time) were allowed to whip them. Van Helmont had recommended sudden plunging of the insane into cold water and keeping them there for some moments, and that remedy was still used. In this country the treatment was no better. The Spaniards alone, according to Pinel,* especially in the asylum at Saragossa, where the inscription *urbis et orbis* was placed over the door, had a rational open-air treatment.

It does not come within the scope of this paper to enter fully into the humiliating records of that age, nor to discuss the reasons why the intelligent views of the Egyptians, Greeks and Romans, so utterly lost in the darkness of the Middle Ages, did not reäppear upon the revival of learning or during the splendid Elizabethan age.

With their religion, the Hebrews transmitted to the Christians of Europe their demon-theory of insanity; and it was considerably less than a century ago that the insane began again, by the efforts of Willis, Pinel, Tuke, Chiaruggi, Reil, Langermann and Rush, to be treated as sick people. Then, as Roller says, *wurden die verlorenen Menschenrechte wieder gewonnen*† (the lost rights of humanity were regained).

Up to that time no one had described the phenomena of mental disease so accurately as Shakespeare; no one its pathology and treatment better than Goethe.

* Traité médico-philosophique sur l'aliénation mentale. Paris, 1801, p. 250.
† Psychiatrische Zeitfragen aus dem Gebiet der Irrenfürsorge, Berlin, 1874.

PINEL'S REFORM AND EUROPEAN PROGRESS.

France.

The Duc de La Rochefoucauld, Tenon, and a few others in Paris took the first steps in the reform of the treatment of the insane which marks the present centenary, a matter to which their attention had been called by John Howard in his visit to Europe in 1780; but Pinel was the great man in that work. He was appointed by the government to examine and report on the asylums at Paris and Charenton;* and afterwards, in 1792, when a mature physician in middle life, and a member of the Royal Academy, he became superintendent of the Bicêtre, the asylum for incurable males. Later still Salpêtrière, where the female insane were confined, was placed under his charge. The events of the revolution had filled the wards with the most excited cases. They were usually sent first to Hôtel Dieu, the general hospital, where they were bled, purged, and douched, and then afterwards to the insane asylum, if they were thought incurable. The asylum was not looked upon as a hospital, a place of cure.

As soon as Pinel received his appointment, he repeatedly asked the Commune to allow him to remove the chains from all who wore them, or one-fourth of those confined. The idea was to them preposterous; but finally, tired out with his importunity, they allowed Couthon to go with him to see what could be done. After looking over the patients, he said to Pinel, "*Ah, ça! citoyen, es-tu fou toi-même de vouloir déchaîner de pareils animaux?*" (citizen, are you crazy yourself that you would unchain such animals?) He persisted, however, removed the chains from fifty-three persons in three days, beginning with that one who had been thought the most desperate, and sought to give them occupation, making one his servant, interesting others in attending to those more needing care than themselves, etc.,—apparently getting the hint from Thouin, of the insane asylum at Amsterdam, who employed the quiet inmates in taking care of others, as was then the custom generally in Holland. Pinel kept constantly before him his independent motto, "*Chercher à éviter toute*

* Then established about a half-century.

*illusion, toute prévention, toute opinion adoptée sur parole** (to seek to avoid all illusion, all prejudice, all opinion taken on authority). He still, however, held the strait-jacket (*gilet de force*) in high repute; and although he was the first in modern times to adopt the "moral treatment"† in a public asylum, his practice may be inferred from his choosing large and muscular men for his attendants.

Pinel knew almost nothing of pathology. He read Hippocrates, Aretæus, Galen and Celsus. The contemporary medical writers and their theories he cared little about. He believed chiefly in careful observation of the insane themselves, and never for a moment countenanced the force, deception and ingenious tricks of surprise and terror in such general use at that time. Cullen, with his theory of three forms of insanity,—(1) mental, (2) corporeal, (3) of obscure origin,—he regarded as simply a little above the rest of the theorists. The German writers, generally, he considered as even less practical than the English and Scotch; but excepts Greding, whose two hundred careful autopsies he speaks of with approbation as praiseworthy efforts, although denying that any relation could be established between post-mortem appearances and intellectual derangements observed during life. His knowledge of psychology he got chiefly from Condillac, Montaigne, Locke, Harris, Smith and Stewart. He had only five classes of mental disease: (1) melancholia, simple, or complicated with hypochondriasis; (2) mania without delirium or incoherence; (3) mania with delirium; (4) dementia; (5) idiocy. Still, even in this, he was in advance of his time; for, according to the Vienna school, there were only two divisions: (1) maniacal delirium, and (2) melancholic delirium.

The reform was slow in its advances. Following Greding in Berlin, Pinel made careful autopsies and dissections and examinations of the brain; but these were fragmentary bits of evidence until Bichat appeared,‡ the greatest investigator and

* A full account of this great work, by Pinel's son, may be found in the Mémoires de l'Académie Royale de Médecine, Tome V.

† This term has been used since Pinel's day to indicate amusement, occupation, and all generally elevating influences.

‡ His Anatomie Générale was published in 1801, and the Recherches Physiologiques in 1800.

generalizer of his age, whose researches and experiments in anatomy and physiology make an epoch in the history of science, and after whom came Louis and modern medicine based upon exact observation. One of his pupils, Esquirol, advanced the pathology of mental disease as Pinel had advanced its treatment. He visited the colony of the insane at Gheel,* with his students, in 1821, and opened a discussion as to its merits, which was continued in nearly all the languages of Europe. Upon his return to Paris he established the farm in connection with the Bicêtre, which Pinel had attempted without success. He also devoted much attention to asylum construction, and for years after his time his plan of a large rectangular block with a court in the centre was the one adopted. His *Maladies Mentales*, published in 1838, and based upon an experience of forty years at Charenton and in the Salpêtrière, may be referred to for a full description of the history† of asylums in France. In Esquirol's private institution for the insane (each one of whom had an attendant) the quiet patients dined with his family; the others were treated with a free use of the strait-jacket.

Many years after Pinel's death, chains were in common use in the treatment of the insane on the continent of Europe outside of the great university cities, and in Great Britain; but the work of careful research went on, while the laboratories of Berlin, Paris, and later, Vienna, were busy with scalpels and reägents. The doctors were still disputing whether insanity were an affection of an immaterial mind or of the material brain; whether it arose from disease or vice.

Germany.

The first German asylum for the custody of the insane alone was ready to receive patients in Vienna in 1784. Its name, the *Narrenthurm* (fools' tower), gives a fair idea of the views

* Without entering upon the merits and faults of Gheel, or the question of the propriety of hiring out a helpless class to ignorant peasants, there can be no doubt that Griesinger was right in saying that the experiment has proved that the greater number of the insane do not require the confinement of an asylum; that many of them can be safely trusted with more liberty than these institutions allow, and that association in the family life is very beneficial to many patients. A good account of Gheel may be found in the *Revue des Deux Mondes* for January, 1857.

† In general terms this presents nothing distinctive, farther than those portions already referred to.

of its founders. Practices continued there which had been abandoned in "Bedlam" a dozen years before.

About the beginning of this century, insanity began to be looked upon as curable in Germany, the Saxons taking the lead. They published the first journal exclusively devoted to psychological medicine, in 1805, and appointed Heinroth their first professor of that branch at Leipsic in 1811. The psychic theory of insanity was then universally accepted by them, and Langermann was their acknowledged leader.

Langermann's project of asylums for the insane, embodying many excellent features, was adopted at Sonnenstein, under Pienitz, and soon after at Waldheim and Colditz. These two men and Heinroth developed Pinel's treatment, with which they had become familiar. Their ideas may be inferred from the fact that Heinroth, who wrote a treatise on mental hygiene, thought that all insanity began in vice, and that Langermann said, "God only knows whether an insane person can be cured or not,"—an opinion which he afterwards modified.

When insanity began to be generally looked upon as curable by the medical profession in Germany, asylums for the cure (*heil-anstalten*) as well as for the custody (*pflege-anstalten*) of the insane were established. Unfortunately, from motives of economy or from necessity, the two were soon united in practice, at first by having the two classes in separate buildings under one head, and later by placing both under one roof. From 1820 to 1849, fourteen more asylums were erected.

The psychic theory held its ground pretty well until the time of Griesinger, although shaken by Jacobi in Germany and Van der Kolk in Holland, both of whom did service in calling attention to the more material and practical ideas of the countrymen of John Hunter and of Bichat. The professorship of psychology was established in Berlin about 1830, and the word *seelenstörung* (psychical disorder), as applied to insanity, gradually gave way to *geisteskrankheit* (disease of the mind), thus indicating something of a step forward as more clearly recognizing the purely physical character of the malady.

The great advance of this age was made by Griesinger,

who, when twenty-two years old (1839), was an assistant physician in one of the asylums of Germany. His distinguished services for the following twenty-nine years, to the time of his death, well earned for him his title of the "greatest of modern alienists." Like Pinel, he was not, in the narrow sense, a specialist, for his contributions to general medicine alone would have rendered him famous. He first established the diagnosis of diseases of the mind upon an exact basis and by logical, methodical processes, a work in which he got great assistance from his illustrious contemporary, Virchow, the acknowledged head of the medicine of the present day as based upon scientific research and sound pathology, and as great in his time as John Hunter and Bichat were during the last half of the past and at the beginning of the present century.

In 1845, Griesinger strongly recommended the introduction of the clinical study of mental disease in the schools; but, at Tübingen, where he was then lecturing, he had not facilities for carrying out his design. He began this kind of clinical instruction at Zürich in 1864, as had then already been done at Erlangen, Würzburg, Munich and Göttingen. The same step was taken in Berlin* in 1865, by Ideler, whom Griesinger succeeded in the following year as professor of psychological medicine and physician to the department for the insane in the Charity Hospital.

At the present time, in the study of the physiology and pathology of the brain, based upon exact research,† Germany stands easily first; and the great universities of Berlin and Vienna, under Westphal and Meynert, take the lead in a work where there are so many distinguished investigators that it would be useless to try to even name them all.

Most of the improvements in hospital-construction in Germany have come from England and the United States; but, just as the first permanent "American hospital" (the small separate buildings found so successful during our late war) was built in Germany, so is German science now constructing

* In Vienna, also, about the same time.

† It is not possible to consider this subject here, or to discuss the opposing theories held by Hitzig and Brown-Séquard. The present position of scientific men on this point may be found in articles by Prof. H. P. Bowditch in the Boston Med. and Surg. Journal, July 20 and 27, 1876; and in the British Med. Journal, Dec. 2, 1876.

the first insane asylum* which embodies the present knowledge of the subject.

English Progress and Conolly.

In 1796, four years after Pinel's great reform, a Quaker layman, William Tuke, abolished the chains of the insane in his part of the world, in building the "Retreat" at York, England.

After Pinel and Tuke, the next great step in advance was made by Conolly, a mature English physician of forty-five; but, in order to understand his work, and the peculiar need in England of such work, it will be necessary to review the history of mental disease in that country, although very briefly. A full account may be found in the reports of the parliamentary commissions of 1807, 1815, 1827 and 1844.

In 1815 patients were chained to the walls of the best asylum in London; at Fonthill, thirteen out of fourteen were in chains or handcuffs, and in another asylum there was one towel to 170 patients. In 1822, in some counties, jails were converted into asylums for the insane without change of structure, and were so used as late as 1842. In 1827, at Bethnal Green, with its 500 patients, some were chained to their cribs and confined from Saturday evening till Monday morning, in order to give the attendants their Sunday holiday. No physician or surgeon was in charge, but an apothecary visited two or three times a week.

The first commission† to look after pauper lunatics was appointed in 1828, and that for the metropolis of London only. Up to that time, the only Act in force enabled any two justices to cause them to be apprehended and to be locked up in some secure place "and there chained"; and if the pauper's settlement should prove to be in another parish, then he was to be forwarded thither, and "locked up and chained" by the justices of that district.

In 1828 twelve counties in England had provided asylums

* See Professor Westphal's letter, page 55.

† The origin and duties of the office of Lord Chancellor's Visitor are so admirably given in Dr. Bucknill's letter at a subsequent page, that only a reference to it is needed here.

for the insane, although the law requiring them was passed in 1808. Six more had been built in 1841. Many of them had no physician in attendance; in nearly all mechanical restraint and coercion were used to a great extent; and the only inspection got by those outside of London was from irregular, uncertain, and often infrequent visits of magistrates or local officials, who were interested in keeping the taxes as low as possible. In the private asylums there was no inspection, and in the jails little better than none.

From 1829 to 1831 over one-half of the patients at Ringmer were in restraint at once. In 1837 * many of the worst faults existed in asylums, and few had the confidence of the public; but it would be unfair to imply that there were not others where there were employment and other moral means of treatment, and tranquil wards, where strangers might ask with the statesman Burke, after his visit to a modern asylum, "Where are the insane?" as he thought he had seen none such.

Coleridge probably gave the sentiment of the educated people of the time, and the doctors followed him rather than he the doctors. He says: † "Madness is not simply a bodily disease. It is the sleep of the spirit with certain conditions of wakefulness; that is to say, lucid intervals. During this sleep, or recession of the spirit, the lower or bestial states of life rise up into action and prominence. It is an awful thing to be eternally tempted by the perverted senses. The reason may resist—it does resist—for a long time; but too often, at length, it yields for a moment and the man is mad forever. An act of the will is, in many instances, precedent to complete insanity. I think it was Bishop Butler who said that he was all his life struggling against the devilish suggestions of his senses, which would have maddened him if he had relaxed the stern wakefulness of his reason for a single moment. . . . When a man mistakes his thoughts for persons and things, he is mad. A madman is so defined."

By 1840 there were many private asylums in London, and, in that year, it was found necessary to enact a law making it a

* What Asylums Were, Are, and Ought To Be. By W. A. Browne, Surgeon Superintendent of the Montrose Asylum, Edinburgh, 1837.

† Table Talk, 1830 and 1832.

misdemeanor for a superintendent of any of them to keep a patient concealed from the commissioners for the metropolis. In 1842 there were 162 asylums, including those of a private class, and the abuses were so great and so frequent that the Lunacy Commission (previously the Metropolitan Commission, above referred to), composed of twenty leading men, of whom seven were physicians, was appointed in that year to visit "all places throughout the kingdom in which persons alleged to be of unsound mind are confined." They were required to visit, one physician and one lawyer together, the licensed houses in the metropolis four times a year; other licensed houses, twice a year; and county asylums, jails, and workhouses, once a year. It would be difficult to overestimate the good which they have done in advancing the knowledge of their specialty and in improving asylums directly in England, and indirectly throughout the civilized world.

In 1847 there were 177 county asylums, hospitals, and licensed houses, 437 separate establishments for single patients, and 596 workhouses, the inspection of which by the local authorities was very unsatisfactory. Six of the asylums had been visited twice in twenty months; eight, three times; nine, four times; and one not for two years. The evasions of the laws had been so numerous that a special Act had been passed in 1845, allowing the commissioners to enter and examine the asylums by night.

It is not necessary to enter into details, or to narrate particular instances. Enough has been said to show that a third of a century ago the condition of the insane in England was such as to demand some radical change.

Conolly's Work.

Conolly's interest in mental disease began while he was a student, and his graduating thesis was on that subject. He early gained a high reputation, and was called to a professorship of clinical medicine in London, but his chief interest was in diseases affecting the mind.* His attention was especially directed to the needs of the insane in England by the work

* A Memoir of John Conolly, M. D., D. C. L., by Sir James Clark, Bart., London, 1869.

of R. Gardiner Hill, of the Lincoln Asylum. He learned that there, in 1830, an aggregate of 27,113¾ hours had been spent in mechanical restraint by 39 of the 92 patients; and that in 1838, with a largely increased number of inmates, namely, 158, not one had been put in restraint during the whole year. He heard, too, that this change in treatment had been adopted because the very means used to restrain the patients had been the direct cause of the death of two of them.

Hill had became so unpopular with other physicians and with the officials, by reason of this innovation, that he was compelled to resign his position; and it is probable that the movement would have stopped there, had it not been taken up by a man who, like Pinel, thought independently, carried out his honest convictions, and did his work well.

As soon as Conolly was appointed superintendent at Hanwell (in 1839), he visited the Lincoln Asylum, at the request of one of his trustees, who had formerly held the same position there, and introduced the non-restraint system, a course which was even disapproved by the Lunacy Commission; but, in sixteen years, he could say that he was often unable to show his classes any extremely violent cases, whereas, in 1840, the asylum was full of them. He did not suppose, however, that mechanical restraint could be dispensed with in all cases and under all circumstances with benefit to the patient, as he testified in the trial of Hill *v.* Phelp. His system has spread over all England, and at a later day over Scotland, sometimes by the pressure of the Lunacy Commission against the wishes of the superintendent, and occasionally, it must be acknowledged, with some immediate bad results, but with ultimate good.

One of Conolly's admirers says of him: "It appears to me that the fact that the principles laid down by him have been almost universally accepted and acted upon by a generation to whom he was personally unknown, is a far higher testimony to the sagacity of his judgment, than the adhesion to his views of those, who, knowing him well, were influenced by his lofty enthusiasm and by the persuasive eloquence of his teachings." *

* Address of the President of the British Medico-Psychological Association, by Dr. T. L. Rogers, 1874.

Meyer and Griesinger have introduced the non-restraint system in Germany, Van der Kolk in Holland, and Morel in France; but it has not yet been entirely adopted in either of those countries.

In 1854 the English commissioners say: "Asylums were formerly constructed as if violence were the rule in the condition of the lunatics. They are now constructed as if it were the exception; and it is the exception." Since that date, great advances have been made in that country, which will be referred to at a later page.

AMERICAN PROGRESS.

In this country, the province of Pennsylvania was the first to recognize its duties to the insane. Some benevolent persons, headed by Dr. Bond, took steps in Philadelphia in 1750 to establish "a small provincial hospital." In 1751 the Legislature passed an "Act to encourage the establishing of a hospital for the relief of the sick poor of this province, and for the reception and care of lunaticks," a considerable portion of the money being subscr bed by private individuals. In February, 1752, the first patients were received in the hospital (extemporized out of a private dwelling), of whom three of the first four admitted were insane. In the first two years, eighteen suffering from the "disease lunacy" were admitted, of whom two were cured. The trustees complained, in their first report, that many were taken away by friends before the cure was established, and passed a resolve "to admit none hereafter who are not allowed to remain twelve months in the house, if not cured sooner, or judged by the physicians to be incurable." As there had been considerable opposition to the project on the part of some members of the Legislature, on the ground of expense, the visiting physicians gave their services, and at first charitably supplied the medicines prescribed by them.* The insane were kept in cells in the basement of the building until 1796.†

Dr. Benjamin Rush returned from his three years' visit and

* An Address on the Occasion of the Centennial Celebration of the Founding of the Pennsylvania Hospital, delivered June 10, 1851, by Geo. B. Wood, M. D.

† A separate building was erected and occupied in 1841, now, in many respects one of the finest in the world.

study in Europe in 1769. He began his visits to the insane in the hospital in 1783, treating them, in the main, with doses and bleedings, as he did his other patients, but still as sick people.* He of course knew little of exact science, and at that time nothing of the "moral treatment." His "Diseases of the Mind," for which we are indebted to this hospital's experience, is, according to Dr. Isaac Ray,† "the first of the kind in the English tongue, displaying thorough observation and original thought." Rush, the "American Sydenham," is well called by Dr. Bowditch, in his centennial address at Philadelphia, one of the most noteworthy men of the past centenary, although essentially a medical-system maker. He soon saw the wrong of the whips and chains in use in the treatment of the insane in his time, and gave them up for other; namely, "mild and terrifying modes of punishment." He thought it important, upon being called to see a patient suffering from mental disease, "to look him out of countenance." He recommended low diet, consisting of vegetables only, bleeding, purging, emetics, blisters, salivation, darkness, cold baths, etc. Up to the time of his death, in 1813, there were four cells in the hospital "so formed that it was possible to make them dark with but little trouble." In the later years of his professorship, he introduced the moral treatment of Pinel to some extent, and speaks of the advantages of music, employment, etc., although he did not give up his other remedies for the more violent cases.

In 1773 the first state asylum in this country was established in Williamsburg, Virginia (including Kentucky, which was not made a separate State till 1792), Mr. James Galt having been appointed keeper, an office which he retained forty-nine years. The Act of the General Assembly, in 1769, stated the desired end to be for "effecting a cure of those whose cases are not become quite desperate, and for restraining others who may be dangerous to society." Dr. Sigueyra was appointed visiting physician when the asylum was opened. The first resident physician and superintendent, Dr. John M. Galt, Jr., was appointed in 1841.

In 1769, Dr. Samuel Bard, in an address delivered in

* Some Account of the Pennsylvania Hospital, Philadelphia, 1817.
† Contributions to Mental Pathology, p. 6.

Columbia (then King's) College, New York, "so warmly and pathetically set forth" the need of a general hospital, that a subscription was at once set on foot, aided by friends in England. A building begun in 1773 was nearly destroyed by fire in 1775, and the war of the Revolution prevented its completion before 1791, when it was opened for general diseases. In 1797, two cases of mania were admitted, but, as one is reported as having died there in the same month, there must have been previous admissions, although there is no record of them. A separate hospital for the insane was finished in 1808, with the help of the Legislature; and in 1821 the still better Bloomingdale Asylum took its place.*

The "Maryland Hospital," the next in order, organized by two physicians, was established in Baltimore in 1797 for general diseases and insanity. It was enlarged in 1807, and remained a private institution until 1864. In 1828, the late Dr. R. S. Steuart was appointed visiting physician and president. Since 1836 there has been also a resident physician. In 1828 the hospital was organized for the exclusive treatment of the insane.

In connection with the recent steps in England to introduce more refining influences in their male wards by having female attendants, one portion of Dr. Steuart's work is of especial interest; namely, his exclusive employment of female attendants as early as 1835, even in the male wards. Rush had called attention in 1812† to the fact that the insane in Java, who were able to do so, employed female attendants, and that under their "mild and soothing influence" the proportion of recoveries was large, but that treatment had not been adopted elsewhere.

We began the century with four asylums, of which only one had been built entirely by the State. Private institutions were almost unknown, and the few that existed were only better than the jails and poorhouses, where many of the insane were kept.

In 1813, some Friends in Philadelphia called the attention of their community to Tuke's work in England, and, the next

* History, Description and Statistics of the Bloomingdale Asylum for the Insane. By Pliny Earle, M. D., Physician to the Institution.

† Medical Inquiries and Observations upon Diseases of the Mind, p. 178.

year, published "The Account of the Rise and Progress of the Asylum, with an Abridged Account of the Retreat, near York, in England." After having purchased fifty-two acres of land at Frankford, near the city, they got money and began building a hospital, which was opened in 1817, that the insane might see that they were "regarded as *men* and *brethren*." A resident physician was appointed, and, although a great deal of restraint was the rule, the patients did all the work on the farm. "Whether the symptoms were mild or severe, treatment the most soothing and gentle was uniformly extended." In receiving patients, preference was given to recent cases, of which three were cured in the first year; there were nineteen admissions. In 1824, as some uneasiness was expressed lest the rule at this hospital, requiring security for the payment of damages done to the glass and furniture by the patients, should operate as a discouragement to the applications for admission, the trustees thought best to state that "the whole amount of charges of this nature against the patients, during the seven years since the asylum was opened, is $30.19 on account of glass broken, and $27.17 for damages done to furniture." * Their example induced the giving up of chains, etc., at the State Asylum of Kentucky in 1826.

In establishing the McLean Asylum at Somerville, adapted from a private residence, in 1818,† just three years after the opening of the Harvard Medical School in Boston, Massachusetts was the fifth of our States to provide for their insane. In their address to the public in 1814 and 1816, the trustees dwell on the curability of insanity and the importance of its proper treatment.

The founding of this asylum marks an important era in the history of mental disease in this country. It established the character and principles of treatment which have become

* Trustees' Reports for 1818 and 1824.

† Thomas Hancock left some money to the town of Boston for a small-pox hospital and lunatic asylum, between 1760 and 1770, and there were two more legacies in 1797 and 1798 by Thomas Boylston and William Phillips. In 1810, Drs. Jackson and Warren appealed to the public so successfully that the Massachusetts General Hospital was chartered by the Legislature in the following year. In 1816, after the depression caused by the war of 1812, 1,047 persons subscribed to one or both departments of the hospital. John McLean, by his noble donation in 1821, gave to the asylum his name.

universal with us, and especially the principle of state supervision. The trustees were men of broad views and high character. Part of them being appointed by the governor, the State has thus exercised constant supervision over the interests of the patients. In nearly sixty years, their faithful and careful weekly visits to the asylum have been only once omitted.* In advance of the usual practice at that time, too, a resident medical superintendent was appointed, Dr. Rufus Wyman, whose reports one need only read to appreciate how well he was fitted for this, a pioneer's work.

From October 1, 1818, to December 31, 1821, he reports 121 patients discharged, of whom 32 were cured; 28 remained. In 1822, he says,† "In this part of the country the disease had been generally believed to be incurable;" "it is too true that such treatment [whips, chains, etc.] in time not long past, has been approved and often advised by medical men. An entire revolution of opinion respecting the treatment of lunatics has been produced"; "kindness and humanity have succeeded to severity and cruelty." The estimation in which the community held the asylum may be inferred from Dr. Wyman's observation, that for the chronic insane "the establishment has been considered a comfortable winter residence, where the boarders would enjoy the benefits of apartments well warmed, well ventilated, and free from the dangers of fire."

In speaking of Dr. Wyman's work, Dr. Bell said, in 1843, "To this day scarce any institution can be visited in the land where evidences of the operations of his mind do not present themselves on every hand."

The "Retreat" at Hartford, Conn., a corporate asylum like the McLean, and the State Asylum of Kentucky, were opened in 1824. The Kentucky Asylum was simply "for the comfort and safe-keeping of persons of unsound mind," as stated in the Act. It was adapted from a building intended for an ordinary hospital (the Fayette). As the patients were put under the charge of a keeper, with the paraphernalia of hand-

* History of the Massachusetts General Hospital, by Nathaniel I. Bowditch, with a continuation by George E. Ellis, D. D.

† Report to the Trustees, pp. 24, 25, 27 and 28.

cuffs, shackles, strait-jackets,* etc., the word "comfort" in the Act could not have been used in its ordinary sense. There was no medical care until 1844, when a physician was appointed superintendent.

Virginia with its second asylum, and North Carolina with its first, followed in 1828. In 1830, Massachusetts founded the Worcester Asylum "for the safe-keeping of lunatics and those furiously mad" in the words of the Resolve of the Legislature, at last accepting the noble words of one of her most far-sighted legislators, the late Horace Mann, that the insane are the wards of the State, a principle which has become that on which all civilized nations now attempt to act. The hospital was open for patients in 1833.

The other States of this country followed: Vermont in 1836; Ohio in 1838; Maine in 1840; the first state asylum in Pennsylvania in 1841; New Hampshire, Georgia, and the State Asylum in Maryland in 1842; the first public asylum in New York in 1843; Rhode Island in 1845; Indiana in 1847; New Jersey, Louisiana and Illinois in 1848; Tennessee in 1849; Missouri in 1851; California in 1853; Mississippi in 1855; North Carolina in 1856; District of Columbia in 1858; Michigan in 1859; Wisconsin in 1860; Alabama, Iowa and Texas in 1861; the first state asylum in Connecticut in 1864;† Kansas in 1866; West Virginia in 1867; Minnesota in 1870; Nebraska in 1871; and Oregon a few years later. The first asylum for the former slaves of our Southern States was established out of an impoverished treasury by Virginia, in 1870, using a hospital formerly occupied by the Freedmen's Bureau. It will be remembered that Virginia was the first of our States to build a public insane asylum.

At the present time we have (1876) sixty-eight public asylums, accommodating, including those not yet occupied, about 30,000 patients. Dr. Conrad gives a list of nineteen private and corporate hospitals (not including those which are quite small), with a capacity for about 2,600 patients. This number, 32,600, is probably from one-half to three-fifths of our total number. There are probably considerably less than

* Insanity in Kentucky, by Edward Jarvis, M. D.; Boston Medical and Surgical Journal, 1841, p. 165.

† Previously, the state patients were at the "Retreat" at Hartford.

200 in all the private asylums of the United States.* Fifty-five of these state asylums, accommodating 27,000 patients, cost $29,879,258.†

Many of these asylums were built by the States almost wholly through the efforts of Miss Dix, whose philanthropic labors, begun a third of a century ago, have been the means of many great advances in the comfort of a helpless class, both in this country and in Europe. She visited the poor-houses and county jails, finding her way into hidden corners and tearing official tape, against obstacles which would have daunted a less heroic spirit; and thus thoroughly informed of her subject, she appealed so eloquently to our Legislatures, that many an asylum has been the direct work of her hand and brain. Her frequent visits to our institutions for the

On page 22, line 5, for North, read South.

when Dr. Bell was in charge of the McLean Asylum, and until about twenty years ago, this country in its state asylums was in advance of Europe. Dr. Browne of Edinburgh, in his lectures on "What Asylums Ought To Be," said in 1837, "in some parts of America there appears to be an ample realization of all that I have wished to inculcate as necessary to place the lunatic in that condition which is most conducive to his happiness and recovery." Writing in 1841, Dr. Edward Jarvis said, "most of the American asylums are doing more for the cure of insanity than any others in the world."

* It is impossible to more than guess at the number of the insane in nearly all of our States. By the United States census of 1870, for instance, there were 1,625 insane in Illinois, whereas the State Board of Charities found 2,376; and of these, only 721 were in both lists. The United States census of 1870 makes the number of the insane in Massachusetts as 2,662, and the idiotic 778, whereas the state census of 1875 makes the numbers respectively 3,637 and 1,340, which is probably not so far from the truth as the former number. By the census of 1860, the insane in the United States numbered 23,999, but Dr. Pliny Earle estimated their real number at 40,000. By the same census, the insane in Massachusetts were stated to be 2,105, although Dr. Edward Jarvis had found, five years previous, that there were 2,632 insane, and 1,087 idiots.

† Insanity; Its Financial Relations to the States, with Statistics. By J. S. Conrad, M. D., Resident Physician to the Maryland Hospital for the Insane, 1876.

In 1838, Dr. Isaac Ray published his "Medical Jurisprudence of Insanity," a book far in advance of Casper, Esquirol and Marc, and one which, after having passed through several editions, is still the first authority in the English language. It is not claiming too much for our country to say, that the great advance in the social position and legal status of the insane during the last third of a century has been due more to the teachings of our distinguished countryman than to any other one person.

A pleasant picture of the asylum life at Somerville in 1839, just after Dr. Wyman's death, is thus given by Dr. Lee, his successor: "The patients rise and dress about half an hour before breakfast, which is at sunrise in the winter and at six o'clock in the summer. After breakfast they are taken out to walk or ride, or are engaged, as far as possible, in useful labor, as farming, sawing and splitting and piling wood, or assisting their attendants; and a few are engaged in mechanical employment. A large number are occupied more or less in the amusements of bowling, quoits, throwing the ring, and in checkers, chess, backgammon, and other games; and in the interval of these amusements, reading books from the library, newspapers, and writing serve to fill up the time. After tea they are assembled in the oval room for family worship, which consists in reading a chapter from the Bible, singing two hymns, and a prayer. . . . Our quiet and convalescent patients are also taken with us to church, to visit places of interest and amusement, are taken into our family, dine at our table, and sit in our parlors. . . . Personal restraint is in no case made use of except with those disposed to tear clothing or other property, and with the vicious to prevent injury to themselves or others. The number is always small who require any personal restraint."

In 1841, Dr. Ray was appointed medical superintendent of the Maine State Asylum, at a time when Conolly had fairly begun his great work in England, and Miss Dix was going through the poorhouses, jails, etc., of this country to call the attention of our Legislature to the deplorable condition of the insane. Dr. Ray's reports, especially that of 1844, give a fair view of the treatment of mental disease in our state asylums about that time.

Dr. Luther V. Bell was then superintendent at the McLean Asylum, Dr. Thomas S. Kirkbride at the Pennsylvania Hospital, Dr. Samuel B. Woodward at the Massachusetts Asylum in Worcester,* Dr. Pliny Earle at the Bloomingdale Asylum in New York, Dr. William M. Awl at the Ohio State Asylum, Dr. Amariah Brigham at the New York State Asylum, where, in 1844, he established the American Journal of Insanity, the first in the English language on that subject,† and which started with the position that insanity is purely a physical disease. Dr. Edward Jarvis had begun his statistical researches, and Dr. Samuel G. Howe was at the height of a career which has deservedly given him the name of the Massachusetts philanthropist.

These were all marked men, who exercised a great influence, and whose work has been as various as their talents. Dr. Bell and Dr. Woodward were men of wide general information, and eminently fitted for a work requiring breadth of grasp, keen observation, sound judgment, and independent action. Dr. Kirkbride devoted himself to hospital construction with a zeal and practical sagacity which made the American asylums of that day absolutely without rivals. His work "On the Construction, Organization, and General Arrangement of Hospitals for the Insane" (1854) is still thought by the Association of American Superintendents to cover the whole ground. Dr. Earle and Dr. Jarvis have placed our social and vital statistics of insanity on a par with those of any country. Dr. Awl was chiefly interested in the provision for the insane by the State, in which he did excellent work. Dr. Brigham gave his fine intellect to combating the old idea, then prevalent to a great extent even among doctors, that there can be a disease of an immaterial mind independent of its physical organs. Several years before (in 1832) he had published a treatise on the Influence of Mental Cultivation on Health, in which he defined insanity as a disease

* His kindly relation to his patients is illustrated by the fact that in taking the census of 1840, the deputy marshal says there were so many lunatics "in the family of Samuel B. Woodward, in Worcester."

† The Zeitschrift für Psychiatrie was first published in 1845; The Annales Médico-Psychologiques in 1844; The Annales d'Hygiène Publique et de Médecine Légale in 1829; The Quarterly Journal of Mental Disease (London) in 1852. There were several short-lived journals in Germany much earlier, the first in 1783.

"produced by morbid excitement of some portions of the brain." Dr. Ray was without a rival in jurisprudence and the phenomena of mental disease.

In 1844, also, three years after a similar society was formed in England, Dr. Awl, Dr. Kirkbride, and Dr. Woodward organized the Association of Medical Superintendents of American Institutions for the Insane; the first meeting was held in Philadelphia the same year.*

American Principles of Treatment.

Our medical treatment, too, was at least not behind the age. In fact, bleeding, as a remedy in insanity, was very uncommon in this country some time after it continued in general use in England. Our knowledge of hospital hygiene was shown by Dr. Bell's address on that subject in 1848, an essay which would do credit to a much later day. Our "moral treatment" is testified to by the following extracts from reports of that time: †—

"In a word, we endeavor always to treat our patients as every honorable, well-bred man treats another in the common intercourse of society."

"Generally speaking, the more they (the insane) are suffered to act like other men, the more they will strive to become like them."

"The idea of improving the mental faculties of rational people by confining them together in large numbers, without any means of bodily or mental exercise, would be not more absurd, than that of expecting to restore the minds of the insane by a similar treatment. Until recently, however, it was universally supposed, in practice at least, that the insane are incapable of any occupation but that of amusement. It was thought unsafe to trust them with edge-tools, and supposed that they had too little control of their delusions or passions to be able to work to any advantage. It was reserved for

* History of the Association of Medical Superintendents of American Institutions for the Insane, by John Curwen, M. D., Secretary, 1875.

† Probably this description of an English asylum in 1841 could not have been applied to any of ours at any time during the present century. Out of 530 patients, 29 "were wearing either hand-cuffs, leg-locks, or strait-waistcoats, exclusive of between 30 and 40 patients who were chained down during the daytime on seats so constructed as to answer all the purposes of water-closets, in rooms known by the appellation of 'warm-rooms'; moreover, during the nighttime all the epileptic and violent patients were chained or otherwise secured in bed. It was also an established custom to place every case, on admission, under restraint during the nighttime for a longer or shorter period as might appear expedient." (From the report of the lunatic asylum for the county of Lancaster for 1841.)

our own generation to establish the truth, that useful labor is safe, practicable, interesting, and remedial to a large portion of the insane. And why should it not be so? The most of them have their bodily powers unimpaired, and their minds being deranged only on certain subjects, may feel no less interest than ever in some form of industry, nor less ability to engage in it personally."

"Of the eighty-two patients that have been in the hospital in the course of the year, we find that fifty-one have worked regularly almost every day, and a few others have labored occasionally." —*Dr. Isaac Ray, 1841.*

"Of all the remedies [for mental disease], none can compare with labor, wherein I include all useful employment. No other moral means is adapted to so large a proportion of the insane, and applicable to so many of the various forms of the disease. . . . In most highly excited patients the surplus nervous energy will be consumed, if no other way is provided, in mischief and noise; but let it be expended in useful labor, and, although the work may not always be perfectly done, yet the patient thinks it is, and he experiences that kind of gratification which springs from the consciousness of having done a good thing, and consequently, so far as it goes, is a sound and laudable feeling. This feeling the guardian of the insane cannot too carefully watch over and foster, for it directly leads to an increase of self-control and self-respect. Indeed, many a patient will refrain, for the first time, from destroying his clothing or abusing his attendants on being allowed the privilege of going to work. . . . Even some of the most demented will be found capable of doing something, and though it may not be very profitable, yet it keeps them out of mischief, and contributes to the quiet of the house. . . . While writing this, there is not a single patient in this institution with any kind of restraint upon the person; and this is often the case for many days together. Occasionally, the number under restraint may amount to four or five, but probably the number would not average more than two or three."—*Dr. Isaac Ray, 1844.*

"The application of the severe measures reported as discarded at Hanwell, never was heard of in our asylums,* and but a few even of the measures deemed so insignificant as to form no exception, have ever been found necessary here."†—*Dr. Bell, 1840.*

"Each year that I have passed in this extensive field has served to diminish my confidence in an active medical treatment of almost every form of disease of the mind, and to increase my reliance on moral means. . . . The practice of bleedings, violent purga-

* Dr. Bell refers to our state and corporate asylums only.

† Speaking of New England institutions after a visit to England.

tions, emetics, vesicatories, and derivatives, has passed away before the light of experience. A different and opposite mode of treatment by energetic sedatives, I am satisfied, is obnoxious to many objections, although far to be preferred to the last. . . . A *wise expectation* and a cautious use of medical agents to meet symptoms, comprise most of the aids that the pharmacopœia is capable of affording. But in relation to the moral means, especially carried through as they can be only by the instrumentality of an appropriate institution, my annual experience has only exalted my confidence."

"The general law, both as regards the curative treatment, or custodial comfort, is constant but varied occupation of body and mind. To ensure this requires every opportunity and aid of labor and amusement. The more perfect the system of an institution, the more ample will be the provision to secure these ends."—*Dr. Luther V. Bell, 1842.*

"Fortunately, in this country there never have been in the institutions any abuses, nor, under the thorough system of governmental inspection which all our public establishments have secured to them, is it scarcely possible that there ever can be any abuses in this regard requiring that the feelings of the community shall be propitiated by the affectation of disusing all forms of mechanical restraint."—*Dr. Bell, 1843.*

Speaking of the McLean Asylum, Dr. Bell says: "For some years the average number of patients under the restraint of leathern mittens has not exceeded one per cent. [per year], and often week after week elapses without even a single instance."

In 1847, Dr. Bell says, "a number of mantel-pieces and open fires have been arranged in the Belknap ward to the greatest comfort and satisfaction of its occupants." In 1848, he says, "personal restraint, as in some preceding years, has been used only in two cases, where the necessity could not be avoided without risk to the patient"; in 1849, as in 1850, it was used in only two or three cases, and "all other forms of mechanical restraint [except the Wyman bed-strap] have been abandoned with us for a number of years, and with no reason thus far to regret their disuse."*

"The executive officers of this institution have gradually abandoned the most exceptional forms of restraint, and more rarely

* Report for 1849, p. 19.

resorted to those of a milder character. They have never, however, become proselytes to the doctrine of the absolutely entire disuse of all restraining apparatus. There are exceptions to all rules which are not governed by the invariable law of mathematics or of moral right, and no argument, however subtle or specious, or, to appearances, however strongly based, theoretically, upon benevolence, philanthropy, kindness, and the golden rule of 'doing to others as we would, under similar circumstances, that they should do unto us,' can overthrow our belief founded upon the observation of several years, that there are cases in which the welfare of the patient and the dictates of true humanity require a resort to some restraining means. . . . There was one period of thirteen months during which restraint was resorted to but in two cases in the men's department. In one of these, the patient, while in a condition of typhoid delirium, wore a camisole three days; and in the other, the patient's hands were similarly confined a few hours, to ensure the vesication of a blister."—*Dr. Earle's report, 1848.*

With all this, the excited insane were found by a committee of our Legislature, in 1848, to be at the Worcester Asylum even in small rooms, "having the least advantages for light, none for ventilation, unfavorably located, dark, dreary, damp and uncomfortable to that extent as to aggravate rather than to assist the cure of the unfortunate beings placed there"; the male violent insane at the McLean Asylum, then considered one of the best, were kept in stone cells in the cellar; and this simply indicates the general knowledge of the time. The position and condition of the more quiet of the insane in asylums were very much better, of course; but it was reserved for further study and experience to show that the most violent may be treated to a certain extent in a similar way.

Later Progress.

In 1863, six years before the establishment of our first State Board of Health, Dr. Ray published the first systematic treatise in the English language on mental hygiene.* How far the community, and indeed the medical profession, were from being ready for it, may be judged from the fact that in thirteen years the first edition has not been sold.

In 1869, the Willard Asylum for the Chronic Insane was opened at Ovid, N. Y. It had long been a problem in all

* Others had been printed under this title, but were really not such.

countries to provide for this large and helpless class at moderate cost; many plans and theories had been suggested; the Gheel system, with all its faults, had been recommended; the village system of Scotland had been praised; but all ended in our building expensive asylums for a favored few, and leaving the rest of the chronic insane to lead miserable lives in county receptacles. In many respects, Dr. John B. Chapin, the medical superintendent at Willard, has succeeded in solving this difficult problem better than has been the case elsewhere. Beside his central buildings, he has three groups of brick cottages, each accommodating 200 patients, and built at a cost of $100,000 each, or $500 per patient. The furniture cost $8,000 for each group. They have the advantage of using the common laundry, etc., and it was not necessary to buy land; but these additional expenses would not amount to more than $50 per patient. The asylum was visited by the writer, December 8, 1876, and found to contain all that is necessary for the comfort of the patients. The separation of them from one another, even to this extent, had the effect of diminishing noise and excitement. Of course, a medical officer resides in the central building of each group.

The building, "A," was constructed for a school, but has been adapted to the purposes of a separate department for women. "B" is the workshop. The weekly cost of maintaining each patient is a trifle less than three dollars. The accompanying map is reproduced from Dr. Chapin's by his kind permission.

In the same year, 1869, an important step was taken by Dr. John P. Gray of the New York State Asylum at Utica. Recognizing the great advances in knowledge, and the immense field opened in all departments by the introduction of the microscope, he appointed a special pathologist, Dr. Hun, to make investigations in the morbid anatomy of the brain. Dr. Gray's example was followed the year after at Middletown, Conn., in the appointment of Dr. Edward C. Seguin of New York as pathologist to the State Asylum.

In 1870, upon the recommendation of the superintendent, Dr. Bemis, the trustees of the Worcester Asylum appointed a woman as assistant physician in the female department,—an experiment which was followed in the Maine State Asylum in

1873. Upon the resignations of these two ladies, a few years later, it was difficult to find thoroughly educated women, the experiment had not proved altogether satisfactory, and men were appointed to the vacant places. But in the future, when there are accomplished female physicians to fill such posts, as there are now in other branches of medicine, our State can claim to have taken the step in advance.

Great changes have been made in old asylums; and the personal comfort of the patients is more and more an object of solicitude from year to year. At Dr. Kirkbride's, in Philadelphia, "during the past seven years, at one department (*i. e.*, the ladies' wing), for nine months of each year, there has never been a single evening in which there was not some form of entertainment, occupation or amusement. . . . A few attempts to introduce mechanical occupations among women have seemed to me quite successful enough to justify a moderate extension of them. . . . Whatever has banished a delusion from the mind of a patient for a single hour, has done a work whose value is not easily calculated." *

Of the Massachusetts State Asylum at Northampton, in the year ending October, 1874, Dr. Earle reports that there were only twenty-one days in which there was no gathering of the patients in the chapel for religious exercises, recitation, etc. In the same year, with a daily average of 469 patients, there were 15,802 days' work done by them on the farm, in the kitchen, in the sewing-room, and in the laundry.

At the McLean Asylum, several carriages are kept for the exclusive use of the patients, and the pleasant rides and excursions constitute a large part of the treatment, while the excellent library furnishes abundant material for that kind of occupation.

At Dixmont there is a book-case and library in nearly every gallery, and the daily gymnastic drill in a bright, cheerful hall, with the pretty costumes, adds an interest and zest to an otherwise monotonous afternoon. At this asylum, in 1876, with a daily average of 500 patients, there were 70,933 walks taken; 10,157 attendances at magic-lantern exhibitions, 16,558 at church, 4,327 at parties, 2,972 at other entertainments; 2,984 rides; 3,928 calisthenic exercises [for

* Report for 1875.

ladies] and 8,893 days of labor. In scientific work, full trials have shown "that colored light has no greater power in the cure of insanity than colored water in the treatment and cure of the diseased stomach of an inebriate."

At the Retreat, in Hartford, a delightful amusement-room is open to the patients through the day, and is often pleasantly filled in the evening. Within a couple of years, too, a chapel* has been built, through the munificence of friends of the asylum, a little way from the other buildings, and in every respect like those for "sane" people. The daily evening service and the Sunday exercises, with the walk in the open space, give the patients a feeling of self-respect which they cannot have when constantly reminded of their infirmities by guarded windows everywhere and other indications of their deprivation of freedom.

Present Condition.

At the same time, in the words of one of our most distinguished alienists, the general "propositions (of the American Association of Superintendents) in regard to the construction and organization of hospitals, and the general management of the insane (in the United States), have all, or nearly all, now stood the test of a quarter of a century's trial,"† which is equivalent to saying that there has been little advance in that time.

In construction and internal arrangement, the best American hospitals for the insane are not excelled by those in any part of the world, with the exceptions that they usually have insufficient provision for the employment and occupation of the patients; that they have no hospital-wards and nurses, where such patients as require them may get the benefit of quiet, rest, and the care and attention common in ordinary hospitals; and that the restrictions upon the liberty of the inmates have not, in all cases diminished to correspond with our advance in knowledge and with improvements in other parts of the world. These defects we share with most of the countries on the continent of Europe.

* This is, so far as known, the first in this country (*i. e.*, the first like those in ordinary life) although they are not uncommon elsewhere.

† It is interesting to compare this with the statement, in 1862, of Damerow, the leader of the conservative party in Germany, that there is nothing further to be got in the future to improve the public institutions for the care and cure of the insane!

In costly arrangements for "convenience of administration," in the magnificence of their central or administrative buildings, and in the multiplicity of labor-saving machinery, where it is difficult to find enough for the patients to do, the new American state hospitals for the insane are absolutely without rivals.

Less than half a dozen* of our States are now providing properly for all their insane, the expensive buildings which have lately been thought necessary being absolutely beyond the means of many of them.

The condition of our worst asylums may be inferred from the report for 1872 of one of our medical superintendents, who says :—

> "In the appropriate tabular statement accompanying this report, there are several colored people reported as having died from various forms of disease. To have been strictly truthful, that report should have read, 'died from want of proper accommodations'; for I verily believe their lives might have been saved, if I could have had the proper facilities for their comfort and care at my command. Every one knows the inefficacy of medical attention in the treatment of diseases, where the patients are confined to such miserable cattle-stalls as are our colored patients."

In 1871, a newly appointed superintendent in Texas found restraint-chairs, dark rooms, iron handcuffs, locked boxes, and cold shower- and plunge-baths in common use. He thought it necessary to state his opinion "that the infliction of punishment for misconduct on the part of any patient is entirely out of place." The records and journal were not to be found.

In 1876, chains were still used in the department for the insane of the almshouse at Baltimore.

* "Of all spectacles of human misery which the light of day looks upon, we suppose that of the lunatics in American almshouses is the most pitiable. Unlike many sufferers under the great evils of society, they are often persons who have been in better circumstances, and who must, in their dim way, feel and see the abuses of their treatment. In the country poorhouses, they are treated as lunatics were a hundred years ago in Europe. They are chained, put in cages, beaten, kept in dark holes, without fire, often naked, their food reached to them as to beasts, their clothes seldom changed, without bedding, except straw, left in their own filth, and eaten by parasites. This horrible treatment was (till within three years) common in many of our States, and is still the fact in the majority." [The Nation, No. 560, New York, 1876.]

The city insane asylums of New York and Philadelphia were fitly described in 1875, by a distinguished English visitor, as being a disgrace to our civilization.* He also found,† close to our largest and wealthiest city, in one ward, "a rampart of iron bars, strong enough to confine lions and tigers in a menagerie." In some of our asylums, reputed to be among the best, there are still dismal corridors and gloomy wards, which, however, will probably be altered as fast as circumstances admit.

The Twenty Years' Leadership.

It is not difficult to see why our asylums for the insane were better than those of England for about twenty years, as mentioned above.‡ Neither country had, in 1836, begun teaching medical disease clinically in the hospital and at the bedside; nor was it the custom in either to make careful post-mortem examinations as a basis of study, as had been done for nearly half a century in Italy, France and Germany. Neither country had any association or inspecting officers (excepting the metropolitan district of London) to compare and report upon the progress of the different hospitals.

So far we were alike. Our great advantages were two: (1) That the principle of supervision by the state of *individual* asylums had been adopted by us in 1818, while, throughout England, state supervision, although more efficient than ours, did not begin until 1842; and (2) that we had not a large number of old asylums, private and public, with traditions and usages of years to overcome. Everything with us was new, and the pauper and otherwise helpless classes were only beginning to accumulate.

Modern Methods of Less Restraint.

During the last twenty years or more, dating from the time when the first insane asylum was built with wooden sashes, large window-panes, and no iron guards, the English and Scotch asylums have advanced faster than any others; so that

* These have been improved since that time; but there are many others that are still worse.

† Notes on Asylums for the Insane in America. By John Charles Bucknill, M.D., F. R. S., F. R. C. P. London, 1876, page 53.

‡ See page 23.

those people now stand at the head of the nations of the world in the provision which they make for the care of the insane. In accomplishing these desirable ends, they have three important advantages over us.

1st. There is a careful and critical examination by experts* of every asylum in the kingdoms at least once a year, from which public reports are published of the condition and progress of the various institutions, whereby local authorities are forced to make adequate provision for their insane, and through which each superintendent may compare his work with that of others, and see whether he falls behindhand in the race.

2d. Mental disease is taught clinically† at the bedside and in the sick-wards in every important medical school; careful post-mortem examinations‡ are the rule and not the exception in their asylums, and, as a result, pathological investigations are more common than with us.

3d. The British Medico-Psychological Association, including in its ranks physicians interested in mental disease, whether superintendents of asylums or not, in their yearly meetings, bring out a broader view of the field than if participated in by superintendents alone.

There are still, however, in England and Scotland, enough asylums which may well occupy the attention of their philanthropists; and, although there are many points in which we can learn from their best asylums to our advantage, Dr. W. Lauder Lindsay has testified,§ after a visit to this country, that, "so far from its being the case that we have nothing to learn from the Americans in our treatment of the insane, I will, I think, have no difficulty in showing that in

*These correspond to the *inspecteurs des aliénés dans les établissements spéciaux* and to the *inspecteurs des asiles publiques d'aliénés* of France. There are not yet any laws for the German Empire; but each state supervises its own insane, generally through the *Provinzial-Verwaltungs-Rath*, or under the direction of the *Ober-Präsident* of the *Verwaltungs Commission.*

† In 1837, Dr. Browne's work, already referred to, called attention to the want of clinical instruction in mental disease, and it was then begun almost at once.

‡ The commissioners say, in their twenty-fourth report: "With the all-important view of advancing the knowledge of the pathology and treatment of the various forms of insanity, we think that the practice of making post-mortem examinations should, as far as possible, be everywhere the rule, and not, as in many instances, the exception. It ought also, in our opinion, to be applicable, under the same conditions of consent on the part of the relatives, to all classes of patients." The proportion of such examinations to the deaths rose from 40 per cent. in 1869 to 61 per cent. in 1873.

§ Edinburgh Medical Journal, December, 1870.

not a few important respects, they are decidedly (to use one of their own characteristic expressions) 'ahead.'"

There were in England in January, 1874,—

72	pauper insane asylums, averaging	456	patients each.
5	asylums for the better classes, containing over . .	200	" "
4	" " " " " from	150 to 200	" "
7	" " " " " "	100 to 150	" "
7	" " " " " "	75 to 100	" "
9	" " " " " "	50 to 75	" "
29	" " " " " "	25 to 50	" "
80	" " " " " less than	25	" "

One of the most striking of the changes* brought about, or rather commenced, is the individualizing of treatment and the separating of patients as much as possible from morbid influences, by the increase in the number of small asylums,—a very wide departure having been made from the position taken by Dr. Bell a third of a century ago, that "experience shows that the very highest curative advantages are effected by the mutual action and attrition of diseased minds upon each other,"—a point upon which Griesinger says,† "Nowhere is there greater need of strictly individual treatment than with the insane; nowhere must we more constantly bear in mind the fact that not a disease, but a diseased individual, not insanity, but one who has become insane, is the object of our treatment"; and Roller, when speaking of those suffering from mental disease, states the principle more forcibly still: "*Nur von unkundigen wird es bestritten dass das zusammensein mit andern kranken‡ die Heilung befördert*" (only the ill-informed contend that congregation with others favors recovery).§

A few of the asylums in England, of which Bethlehem was, I think, the first, have imitated the example of the

* These will be illustrated chiefly by letters which explain themselves. Some of the best asylums, with their advantages in employment, personal freedom, etc., of the patients, have been described by Dr. H. B. Wilbur, superintendent of the Idiot School at Syracuse, who visited Europe by request of Gov. Tilden of New York in 1875, in an interesting treatise on *The Management of the Insane in Great Britain, Albany*, 1876.

† Die Pathologie und Therapie der psychischen Krankheiten, Vierte Auflage, Braunschweig, 1876, pp. 472 and 473.

‡ This word *kranken* (the sick) is very commonly used now by German writers in referring to the insane.

§ Op. cit. p. 4.

metropolitan hospitals in establishing summer resorts and convalescent homes for their more quiet patients, so as to get them away from the asylum influences, and with the best results.

In Scotland,* there were in 1874, 8,069 insane under the care of the commissioners. In 1858, there were estimated to be 2,000 beside those known officially; but their present number, which does not appear in the reports, is probably not so great. Of these 8,069, 4,717 were in seventeen royal and district asylums, 338 in eight private asylums, 748 in six parochial asylums, 565 in fifteen workhouses, and 1,650 in private dwellings † and training schools.

About four-fifths of those under the care of the officials, and known to them, about 70 per cent. of the whole number, were therefore in asylums and workhouses.

According to the statistics and estimates of our Board of State Charities, about 60 per cent. of all the insane in Massachusetts are in public institutions, the preference being given to the severer cases; so that the average degree of severity of disease in our asylums, as compared with those of Scotland, may be roughly estimated as 70 to 60 or as 7 to 6, not allowing for any difference arising from nationality or character of disease, if there be such.

Opinions and Letters.

Dr. Bucknill, after his long visit to this country, writes to Dr. Edward Jarvis, October 31, 1875: "You have no idea in the States of the amount of freedom, under due supervision, which our lunatics get; and it is constantly being increased,

* There has been little that is distinctive in the early history of the treatment of insanity in that country. The Scotch laws placed the rich insane in the hands of guardians as early as the thirteenth century; in modern times they have rather followed the precedent of England. The Commission in Lunacy was appointed in 1855.

† It would carry us beyond our limits to fully describe this system of boarding out the insane in families in the villages of Scotland. It is done at a cheap rate, and the patients are reported, many of them, at least, as liking it better than asylum life. But any one who has endeavored to find a boarding-place for a single one of them can appreciate the difficulty, and often impossibility, of finding in this country suitable persons who are willing to undertake such care and responsibility for strangers. There is an objection, too, in placing a dependent class in the charge of such persons as are willing to take them. The best account of this Scotch system, "*Ueber familiale irrenpflege in Schottland,*" may be found in the Archiv f. Psychiatrie und Nervenkrankheiten, Vol. V., 1875, pp. 164–188. It has been said in England that these insane boarders are not always adequately looked after.

and with the best results. We are now pretty well rid of the old superstitious fear of the insane; and, where the bounds of insanity have been so much enlarged, it was time that this should be so."

Dr. Tuke and Dr. Fraser.

One of the most interesting experiments has been made by Dr. Batty Tuke, and carried out by his successor, Dr. Fraser, whose letter, originally published in the Boston Medical and Surgical Journal, is so full of suggestive matter that a considerable part of it is given here. It should be said that the asylum is quite in the country, and that the patients are mostly of the quiet, agricultural class. Herbert Spencer considers this one of the most important steps of the day in the treatment of mental disease. Undoubtedly it is such; but it would not be fair to infer that all asylums and all the insane in all places can be treated in this way.

Some of the windows open freely, others are so arranged that neither sash can be lowered or raised enough to permit the egress of a patient. The separate wards of the main building are semi-detached and of only two stories each. If Dr. Fraser had described his autopsy- and microscope-rooms, it would have been seen that he considers careful pathological research of the utmost importance.

The cost of this asylum, without furniture, was a little less than seven hundred dollars per patient.

"Fife and Kinross District Lunatic Asylum,
"Cupar, Fife, Scotland, January 28, 1875.

"My Dear Sir:—I have the greatest possible pleasure in acceding to your request for a description of my asylum.

"It is the district or pauper asylum for the counties of Fife and Kinross. The population of the two counties is one hundred and seventy thousand. The institution is capable of holding two hundred and eighty inmates. The present numbers are one hundred and ten males and one hundred and thirty-eight females, or about two hundred and fifty altogether. The yearly admissions are from eighty to ninety. There is one attendent for every twelve patients. The patients are classified, and each class has its own gallery; the highest number in any gallery is twenty-four; the lowest, twelve. The female department has seven galleries, each complete in itself; that

is to say, each of them has its own day-room, dormitory or dormitories, single sleeping-rooms, lavatory and conveniences. Four have two attendants, two only one. This divisional arrangement, though I believe it adds to the working expenses, admits, as I have said above, of classification of the patients. The day-rooms or sitting-rooms for twenty-three patients are thirty feet long, twenty-one feet broad, and eleven and a half feet high. The windows of these rooms are nine feet by seven feet, and the panes are twenty-two inches by eighteen. There are no window-panes smaller than twelve inches by ten and a half anywhere. The lower half of the windows has brass rods three-eighths of an inch thick running transversely across the panes and through the woodwork of the window-frame. I could wrench these rods out with my hands. There is no such thing as an iron bar across a window, and all our window-frames are of wood.

"You ask me for the features which distinguish my asylum. I believe these to be: 1st, unlocked doors; 2d, the great amount of general freedom; and 3d, the large number on parole. In common with the Argyllshire asylum, airing-courts are not in use. The great attention given to the occupation of the patients and the large percentage of those employed are characteristics of this asylum as well as of two others in Scotland.

"First, as regards open doors. Here is a paragraph from my last annual report to the directors:—

"'I wish now to describe the peculiar feature of your asylum; namely, the open-door system. It was originated about three years ago by your former physician-superintendent, Dr. Tuke, and I have no hesitation in saying that the introduction of this system will mark an era in the history of the treatment of the insane. As you are well aware, there are no high boundary walls surrounding the grounds, and the entrance gates stand always open. To make this system as clear as possible, let me suppose that a visitor calls and wishes to see through the asylum. He is received at the front door, which will be found open; he is then conducted through the whole of the male galleries, containing over ninety patients, and thence, *via* the dining-hall, through five of the galleries in the female side, also containing over ninety patients, without *once* coming upon a locked door. Not only is there this free communication inside the house, but the outer doors of the main ground corridors, which open out on the terraces, are also unlocked. The male convalescent building, which contains from twenty to twenty-five patients, has its doors open from shortly after six A. M. till eight P. M. The inmates are, of course, on parole. Two galleries in the female department still remain under the old system of locked doors. Though not

necessary for the majority of their inmates, yet the erratic and mischievous tendencies, as well as the excitement of some three or more in each division, render locked doors necessary. Greater contentment is, I believe, the result of the innovation I have just referred to; the sense of confinement, or in other words, of imprisonment, of which even a lunatic is conscious, is absent. The asylum is converted into a home and a hospital. A greater number of escapes and accidents would *a priori* be expected from this state of freedom. The escapes have been nine in number, and there are only two which can be attributed to open doors. Four accidents, none of any import, except the suicide previously detailed, have occurred during the year, but none in any way attributable to this system.'

"This bold advancement in the treatment of the insane, is, as I have said above, wholly due to Dr. Batty Tuke. It is to his original mind, to his enterprising spirit, to his confidence in a portion of afflicted humanity hitherto unconfided in, and to his faith in the adage, 'The more you trust, the more you may,' that this new era in the life of the insane has been initiated. I must confess I shook my head when the doctor first proposed it, and our matron said she could not see 'how it would do at all.'

"The history of this movement is interesting. At first a great deal of wandering about the house occurred, especially from the galleries to the kitchen. A number wandered outside, and some of course attempted escape. Gradually the patients were taught when they were to go out, and what parts of the house they were permitted to visit. Those who escaped were spoken to in presence of the others: they were informed of the inutility of escaping, of the certainty of their being brought back; that they must remain in the asylum until they were better; that every kindness would be shown them; that everything they had to say would be heard and attended to; that when the time came they would go out by the front door, and that the doctor would be there to say good-by and wish them well. It was wonderful how the most determined bolters ceased from attempting to escape. I could quote a dozen cases where a remarkable change in this respect occurred. The most intelligent escapers were taken to the doors, shown their openness, and then informed that confidence was reposed in them, that escape was unproductive of any good, and that the way to get home was to show themselves worthy of trust. Not only with permanent residents did this state of imposed confidence have a beneficial effect, but also with transfers from other asylums. For example, a lady patient was admitted some time ago from another asylum. The account sent was that she was most determined in her attempts at escape, that she had broken the framework of her window and

set fire to doors in order to escape. Her habits were said to be dirty. It was a case of moral insanity, and the intelligence was keen and clear. After admission, she was shown the open doors (one leading out to the terrace within ten yards of her sitting-room), and the freedom that existed. Confidence was preached to her, and she was informed that good behavior of every kind was expected of her. She now walks out daily on the terraces, unattended, whenever she likes, yet there has never been the least attempt at escape. She has never been dirty in her habits. This patient has been in three other Scotch asylums, and she says that this is not like an asylum at all, that it is unlike any of the others she has been in, and that here she has no desire to run away.

"Your experience of the insane will cause you no doubt to say, 'But all cannot be treated in this wise.' I grant that, but what I wish to impress upon you is the great number that can. You will see I have two departments on the female side under the old *régime*. An attempt was made to leave one of these off the lock, but the mischievous doings of three chronic maniacs, and the incurable wanderings of two or three demented and suicidal patients, prevented the open door from being persevered in. Excepting these, the rest, numbering from one to eighteen, would be all the better for the unlocked doors. The other department is one of our new buildings, and is separate. From its situation and its inhabitants, chiefly chronic maniacs, it would be inexpedient to attempt the step there.

"I wish especially to describe our male convalescent building. It is a house capable of holding thirty-three patients, but at present there are only twenty-two resident there. Its doors are open every day from seven in the morning till eight and nine in the evening. The inmates are all on parole. No one has broken his parole during the last two and a half years. An attendant and his wife have charge of the place. They have a little child five years of age. They all sit down to meals together, the patients, the attendant, his wife and child. The latter two mix with the patients at all times. This was also a step of Dr. Tuke's, and admirable have been the results. When men associate only with each other, they are apt to degenerate; coarseness, swearing, and fighting predominate; but when a woman is present, and especially when a sweet little girl mingles with them, then swearing and angry passions cease; at least such has been the effect in this department of my asylum. There are two dormitories upstairs, one in which no attendant sleeps (ten patients are left to themselves), and the other is in charge of an attendant who comes down from the main building for the night. This place is our Gheel.

"I believe that the conditions above described, coupled with constant occupation, result in (1) greater contentment and general happiness among the patients, (2) better conduct in every one, *i. e.*, less excitement, (3) the preservation of the individuality of each patient, (4) less degradation, and (5) greater vigilance and care on the part of the attendants. As regards the fourth result, I believe it to be strikingly true.

"Occupation is what I have the utmost confidence in. Its results are most beneficial. Almost every male patient can fill and wheel a barrow, and the majority can use a spade. So almost every female patient can use a needle and thread or a knitting-needle. Constant supervision soon teaches one what is most suitable to each. I beg to refer you to Sir James Coxe's report, which you will find in the annual report which accompanies this letter. Here is another paragraph from my last annual report: 'Attention is being constantly and increasingly directed toward the occupation of both sexes. At the present date, all male patients, with the exception of from five to eight, are sent out every day in parties arranged according to their capabilities for work. Attendants accompany each set of workers. The head and sick-room attendants are the only ones retained in the house. On the female side there are three workrooms, one devoted to the main sewing requirements of the house, and the others to the teaching and encouraging to work of the idle and demented. In these three rooms are above ninety patients. The laundry, the kitchen, and the house generally give employment to about forty more, so that the actually idle are reduced to a minimum. My desire and aim are to make your asylum a veritable beehive. The men work both forenoon and afternoon, but their hours are not long. The females, though kept at work in the forenoon, spend the afternoon in walking and out-door recreation. I am at present dispensing with the use of airing-courts, but I shall make no comments on this step until after a year's experience.'

"Airing-courts are a mistake, especially for females. Not long ago I used to send out the demented, the chronic maniacs, and the idle to the airing-court of a morning. Of course, having nothing useful to do there, they did mischief, quarrelling among themselves, getting excited, and increasing their destructive habits. The patients being safe within four walls, and out of sight, the attendants were heedless, habits and practices occurred which the attendants, for the sake of decency and for the respect of their sex, would have been active and vigilant to prevent elsewhere. Those who used to go to the airing-court in the morning are now collected around tables and set to work at knitting, sewing, darning, etc. The

contrast between the airing-court and this room is very striking. This very morning this workroom was quiet in the extreme. I went round them all, spoke to each, praised their doings, and encouraged the idle, and there was not a word out of place. Had they been in the airing-court they would have been squatting in all the corners, rampaging about, holding forth in loud tones, etc. Occupation and the working together in the way described have a most decided inhibitory effect. The airing-court system permits every insane propensity to run to weeds.

"During the present year there have been two or three cases subject to paroxysms of great excitement. I have occasionally been present in the galleries when such outbursts have occurred, and have been witness of how the peace, quietude, and industry of the other inmates have been disturbed, and the excitable roused. Great destructive propensity is generally a feature of these attacks. In such cases, one of two things must be done: the patient must either be restrained by two or more attendants (the worst form of restraint), or put into seclusion. The former plan cannot be carried out where there is a minimum staff, but even had I sufficient at my command, I believe seclusion to be the more beneficial mode of treatment in every way. There are cases,—at least this asylum possesses such,—in which great coarseness of language characterizes the paroxysms; and I maintain that such cases, in consideration of the feelings of the other inmates and attendants, demand their temporary seclusion. Constant supervision of the galleries has determined me in this opinion. Restraint I have not resorted to.

"As regards the chronic harmless insane, I here subjoin another extract from my report: 'It is my opinion that many chronic lunatics do not require asylum treatment; they can be sufficiently cared for and guarded by their friends or others whom the proper authorities deem fit custodians. The chronic lunatic I refer to is one who is harmless, trained to be cleanly, and perhaps industrious, whose mental condition may be described as that of a premature second childhood, and of whose recovery no hope can be entertained. Such an one does not require constant medical supervision, the expensive appurtenances of an asylum, nor the services of trained attendants.

"Dr. Arthur Mitchell's book on the insane in private dwellings will give you a most graphic account of what formerly existed and what exists at the present day.

"I trust the foregoing remarks convey the information you desire, and I shall be only too happy to answer any further inquiries you may wish to make. If any of my professional brethren on

your side of the water desire to see this asylum, they will find me a most willing cicerone.

"With best regards, I am, dear sir,

"Yours most truly,

"JOHN FRASER.

"DR. CHARLES F. FOLSOM, Boston."

Dr. Clouston.

Dr. Clouston, well known in this country as the successor of Dr. Skae at the Royal Edinburgh Asylum, formerly medical superintendent of the Cumberland and Westmoreland asylum, and co-editor with Dr. Maudsley of the Journal of Mental Science, has begun an interesting work at Morningside, a description of which is best given in his own words. In 1874, he wrote as follows:—

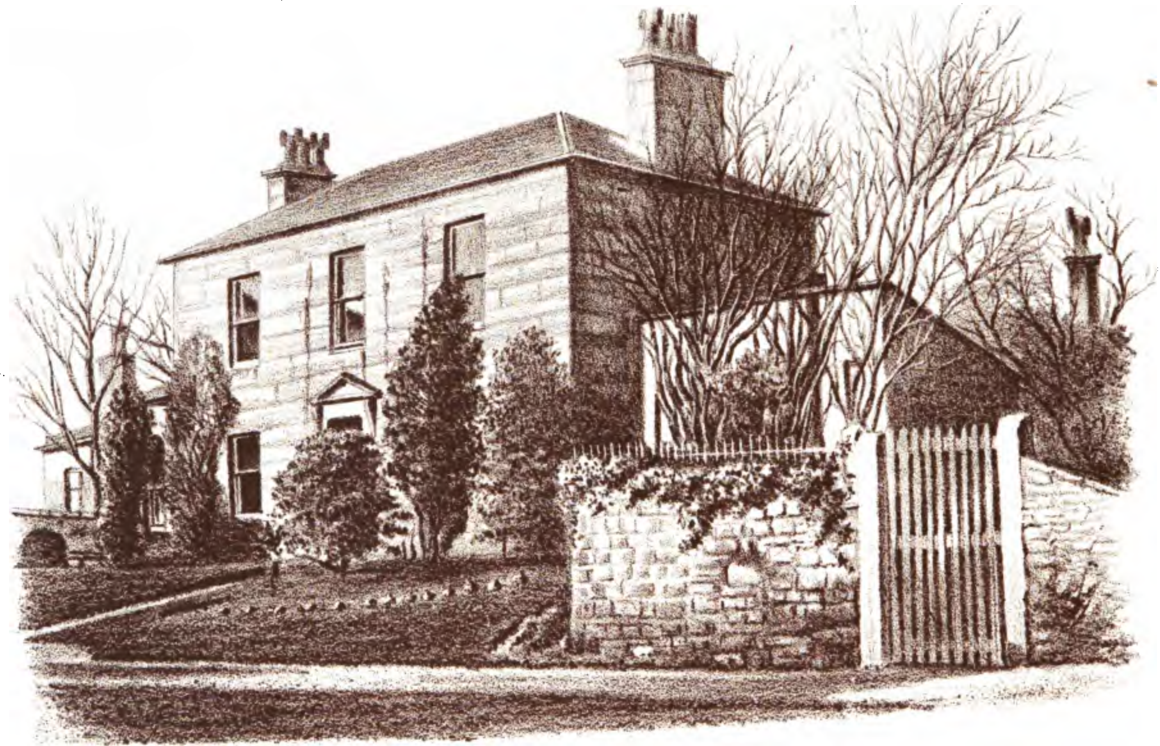
"*Memoranda as to the Treatment of Insanity, etc., in the Royal Edinburgh Asylum, Morningside, Edinburgh, by T. S. Clouston, M. D., Physician Superintendent.*

"I have been now for fourteen years engaged in this department of the profession, and have paid much attention to the various modes of treating the insane in this and other countries.

"My practice in regard to patients, especially of the higher class, is to allow them from the first, as much liberty as I possibly can, putting many of them on parole very soon, and trying to make them feel that they are here really as invalids and not as prisoners. Unquestionably, in those cases where I can thus trust patients, they are happier and recover sooner than they otherwise would. Of course, in some cases I cannot do so. Out of 77 patients of the higher class, over 30 are on parole, 22 of them living in cottages or pavilions where the arrangements are perfectly homelike.

"Throughout the whole department for the higher class I am substituting large plate-glass for small squares in the windows, and am trying to remove all prison-like arrangements. So far as we have gone yet, in the eighteen months since I came here, the effects have been very good indeed on the patients, and we have had no accidents.

"I send a short description of the cottages, with photographs. The main part of the house consists of three wards for gentlemen and three for ladies, with a few private rooms and parlors. Each ward contains about eight patients, and in some cases two, and in the case of one ward one, attendant. There is a parlor or corridor open and lighted on one side, and with a row of bedrooms on the



Heliotype. *James R. Osgood & Co.*

THE COTTAGE, MORNINGSIDE.

other. W[illegible] building[illegible]

ladies, and we have [illegible]

gentlemen who [illegible]

where the ladies [illegible]

and in [illegible]

precisely [illegible]

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"We take [illegible]

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Heliotype — *James R. Osgood & Co*

other. We are building two new dining-rooms, chiefly of glass, to look like conservatories, one for the gentlemen and one for the ladies, and we have already one very handsome dining-room for gentlemen who pay over £105 a year. There is a large drawing-room where the ladies and gentlemen meet in the morning for prayers, and in the evenings twice a week for cards, readings, dancing, etc. The gentlemen have a billiard-room. All these public rooms are precisely like those of a good house in their arrangements, the doors opening the same way, etc.

"As much as is practicable, I send my patients to walk and drive out beyond the asylum grounds, to town, to the museums, picture galleries, etc.

"Believing that the first object of the institution is to cure as many of the patients sent to it as possible, and to enable those who are incurable to lead as happy lives as possible, I deliberately run risks as to escapes, and even in some cases of mild melancholia as to suicides, with those objects. It is quite easy to arrange an asylum so that no escapes shall take place from it, but any such institution I should pronounce to be radically faulty in its principles.

"In the treatment of every case, it is of the utmost importance to find out whether the tendencies of the patient result from an incurable pathological condition of the brain, or from a curable disorder in its working. I should not put a general paralytic or a bad epileptic on parole nearly so readily as a simple case of excitement or depression, though I have now mild cases of the two former diseases on parole.

"I do not believe that 'non-restraint' should be so elevated into a 'principle' that no departure from it is allowable. Diminish restraint and seclusion by all means to the utmost, but don't sacrifice a patient's life, or the lives of those about him, to any such principle. In practice, I have only used restraint once at night in the case of one patient, for suicidal tendencies of the most aggravated kind, and seclusion twice in a year and a half among my higher-class patients. I use seclusion rather more frequently among the pauper class of patients, from having fewer attendants in proportion to the number of patients.

"We take in all cases that apply when we have room.

"There are much fewer windows broken now than when the panes of glass were small and guarded by iron bars, and I think there is an improvement in regard to degradation and dirty habits in many of the worst class of patients.

"For painting, decoration and papering in the institution, I employ the best and most tasteful tradesmen in Edinburgh.

"*Description of the Photographs of the Cottages, etc., Royal Edinburgh Asylum, Morningside, Edinburgh.*

"No. 1* is the ladies' 'wing' or pavilion, connected to the main part of the 'East House' by a row of sleeping-rooms and passage. The 'East House' is exclusively for private patients who pay the higher rates of board, and there is a corresponding wing for gentlemen. The wings contain eight rooms each, and usually accommodate six patients. The gentlemen's wing has a billiard-room behind it. The arrangements of the wings are precisely similar to those of private houses, the doors being unlocked, opening by their handles, the outer doors (glass) open, and all the windows consisting of large sheets of plate-glass. The patients in the wings form groups separate from the rest of the house.

"No. 2, 'The Cottage,' for ladies, containing eight rooms, and usually accommodating four or five patients. It has a dining-room, drawing-room and bedrooms. All the arrangements are those of a private house, unlocked doors, plate-glass windows, etc. The cottage is situated about twenty yards from the asylum.

"No. 3, 'Myreside Cottage,' for gentlemen, containing eight rooms, and accommodating five gentlemen, two attendants, a cook and an assistant cook, who is an unpaid pauper patient. It is situated at the extremity of the Royal Edinburgh Asylum Farm, about a quarter of a mile from the asylum. Its arrangements have nothing supposed to be asylum-like about them.

"Altogether in these four buildings there are twenty-two patients out of the entire number of seventy-seven high-class patients in the asylum."

Two years later, Dr. Clouston writes as follows :—

"ROYAL EDINBURGH ASYLUM FOR THE INSANE,
"EDINBURGH, 28th Nov., 1876.

"DR. FOLSOM.

"MY DEAR DOCTOR :—I duly received yours of the 13th, and I assure you I am only too glad to answer any questions you put.

"As regards any plate-glass experiments now universal in our East House for higher-class patients (containing ninety-two patients), I have the greatest reason to be satisfied with them. Only one pane of glass has been broken in the two and one-half years they have been in, and that by an attendant in cleaning it. To show that I believe in them, I may mention that in some cottage additions which we have lately built and occupied for twenty-four patients, there is nothing but plate-glass, each pane filling up a sash, and that the

* Not shown in this place.

Heliotype. *James R. Osgood & Co.*

MYRESIDE COTTAGE.

outer doors have all plate-glass panels, and that each parlor has such a door opening into the garden.

"I have followed some of my Scotch brethren, too, and have done away with airing-courts, so that now we have absolutely no such walled court of any kind at our East House or at the male division of the West House (these two containing four hundred patients). I am sure the general result has been very beneficial, though, in a few individual cases, we miss the courts.

"As regards plate-glass windows in the West House, we have fairly begun the experiment, having fitted up three galleries, containing one hundred and forty patients, with them, one gallery being on the ground floor, the next on the second, and the next on the third floor. They are immensely more cheerful, and no bad results have followed during the three months they have been in.

"I think in our asylums here we have too few attendants for our patients to individualize them properly, so I am gradually increasing our staff. We ought to have one attendant to eight for pauper patients and one to three* for private patients, in my opinion, to do them full justice. I am carrying out this without reference to the plate-glass windows or open doors in some wards, etc., but in accordance with what I think is required for proper treatment.

"The question that is bothering us most here now is that of disposing of our chronic, harmless cases.

"I am very truly yours,

"T. S. Clouston."

In Dr. Clouston's East House, the same class of patients and the same character of disease are treated as in our corporate asylums. The West House is for non-paying patients.

It cannot be said that Dr. Clouston has a mild form of disease to treat; for, by his last report, it may be seen that, of 310 patients admitted in 1875, 60 had attempted and 31 others had meditated attempting suicide. Dr. Butler, formerly superintendent at the Retreat in Hartford, thought, after visiting Europe, that the form and degree of severity of insanity in the Scotch and in New Englanders are about the same, although milder in the English.

Sir James Coxe.

The following letter from Sir James Coxe of the Lunacy Commission of Scotland, gives a fair idea of the general treatment of the insane at the present time in Scotland:—

* This is about the proportion at the McLean Asylum.

"GENERAL BOARD OF LUNACY,
"EDINBURGH, January 20, 1875.

"DEAR SIR:—I have the honor to acknowledge receipt of your communication of the 4th inst., requesting information on certain points in connection with the management of the insane in Scotland.

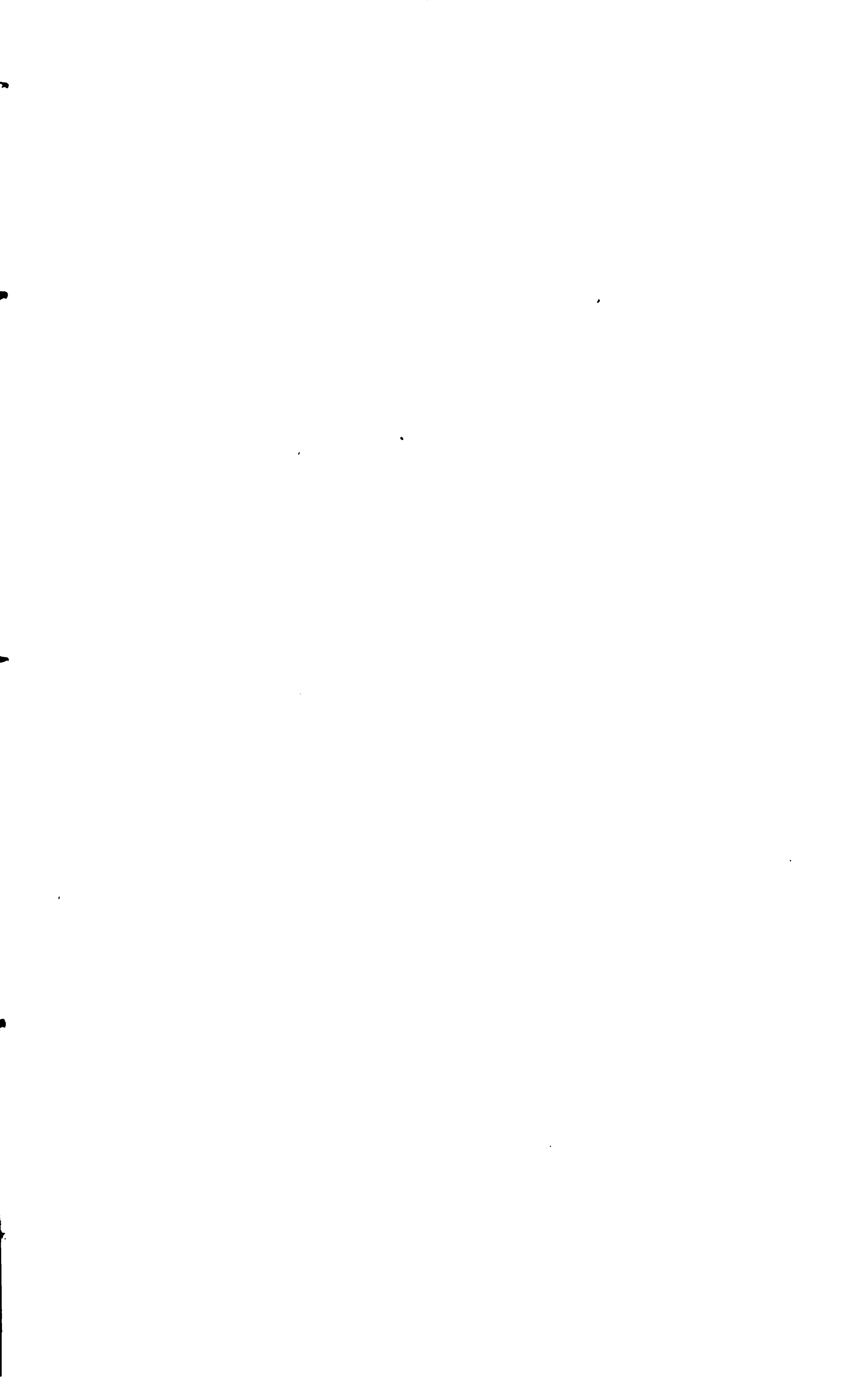
"I have much pleasure in replying to your questions, which I shall do in the order you put them.

"It is the desire of the board of lunacy, that individual asylums shall not accommodate more than 300 patients. It is however impossible to keep them within this limit, as they are built for districts and must be enlarged when demands are made for increased accommodation. At present three of the district asylums are built for less than 100 patients; others accommodate from 200 to 300, and others again exceed 300. The older asylums, which were erected from legacies and charitable contributions, and which also serve the purpose of district asylums without being under the management of district boards, accommodate from 500 to 800 patients.

"In none of the newer asylums are the windows fitted with bars; on the contrary, the window-sashes are of the ordinary construction, the frames being of wood and the panes frequently so large as to permit readily of the passage of the body of a patient. The only precaution taken is to restrict the opening capacity of the sash to a space of about 5 or 6 inches, and, when the panes are of unusual size, to pass a brass rod through the astragals on the inner face of the glass.

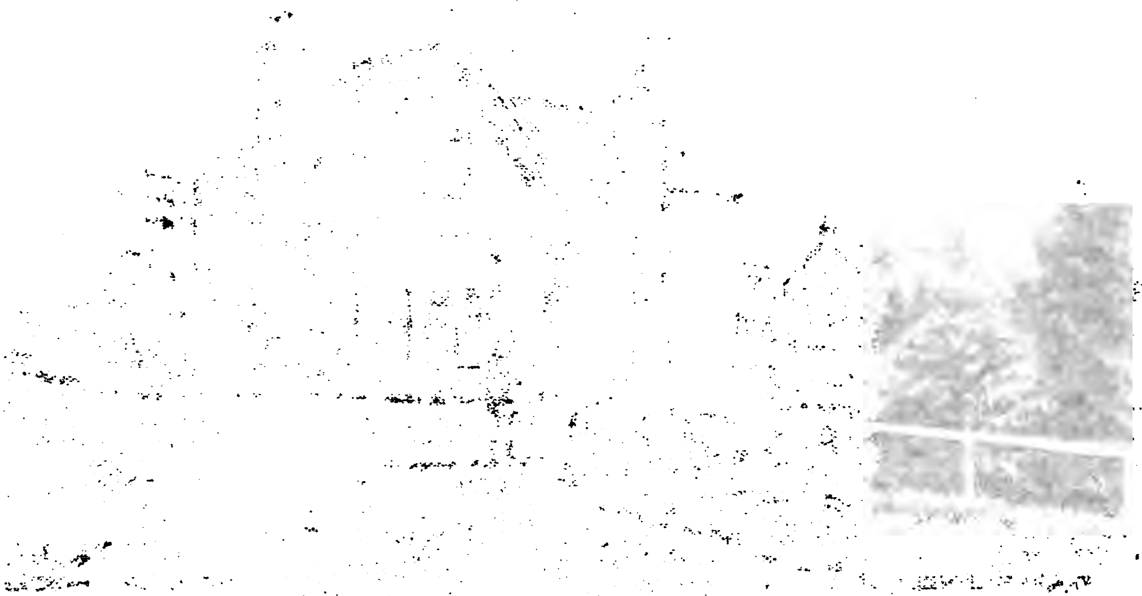
"The commissioners look upon asylums merely as convenient arrangements for the disposal of patients. They attach no therapeutic value to the agglomeration of the insane; and, apart from the question of economy, would prefer to see them accommodated in groups of such a size as would ensure every patient being individualized.

"It is the object of the commissioners to facilitate the removal of harmless and incurable patients from asylums and to dispose of them in private dwellings. Curative treatment in private dwellings they regard as surrounded by too many difficulties to receive official countenance. As a rule, the chronic patients removed from asylums are not concentrated in special villages, but are sent home to their parishes to live with friends. Occasionally, however, urban parishes, such as those of Edinburgh and Glasgow, resort to the practice of placing their incurable patients in certain villages and communities of 10 to 50. This practice, however, arises simply



Heliotype. *James R. Osgood & Co.*

MONTROSE ASYLUM.



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MONTROSE ASYLUM.

from the difficulty of procuring suitable accommodation in towns. It has been found to give satisfactory results. Not more than four patients are allowed to be received into any one house, but the actual number rarely exceeds one or two.

"There is a growing difficulty in procuring and retaining the services of trustworthy persons of either sex as attendants, a difficulty which is owing to the increased facilities which the prosperous condition of the country affords in obtaining employment in almost every capacity.

"Our experience is, that in proportion as the restrictions on liberty are relaxed, the more easy does the management of asylums become. A movement to abolish walled airing-courts has already acquired considerable development, and, in addition to this, the experiment is being tried of doing away altogether with locked doors, except in one limited portion of the establishment.

"As a rule, mechanical restraint is entirely abolished in Scotch asylums, except in the department of criminal lunatics in the central prison at Perth, where one or two patients are generally found with one or both hands restrained as a protection against impulsive violence. Occasionally, in ordinary asylums, a patient may be found wearing a strait-waistcoat to guard against sudden outbursts of violence, or to prevent his injuring himself, but, as a rule, mechanical restraint will not be met with in more than one or two instances in making the whole round of our asylums.

"Trusting you will find that my answers to the questions you have asked will give you the desired information,

"I am, my dear sir,

"Yours very truly,

"JAMES COXE.

"DR. CHAS. F. FOLSOM, *Sec'y of the State Board of Health, Boston, Mass.*"

The accompanying photograph of a portion of the Montrose Asylum, gives a fair idea of some of the later accommodations for the more quiet of the insane who pay either nothing or low rates of board.

Dr. Rogers.

The next two letters, from a physician of large experience and eminence in the treatment of mental disease, sufficiently explain themselves.

"COUNTY ASYLUM,
"RAINHILL NEAR PRESCOT, January 18, 1875.

"MY DEAR SIR:—This asylum, as originally built, was in blocks, three on each side, connected with covered passages, two wards in

each block, one above the other, and the largest ward only having capacity for 34 patients. With the great demand for increased accommodation, two new blocks were built, three stories high, having bedrooms on first and second floors and none on the ground floor. These blocks contain 124 patients each.

"It is obvious that the same amount of supervision and of individual attention cannot be bestowed on each patient in these large wards as in the smaller ones, and therefore they are only advantageous where a large proportion of the patients are chronic cases and fairly tranquil and orderly.

"A similar arrangement of large sleeping-rooms has been made over the laundry, but this is objectionable, in my opinion, and I would prefer that the laundry should be untenanted, except during the daytime.

"There never were bars to our windows, which are all of the same size, both for the quieter wards and those for the worst class of patients. Locked fire-guards were originally in use, but these have been removed for twenty years. A former superintendent even had all the Venetian blinds removed from the windows, but I have replaced many of these for convenience and comfort's sake.

"With regard to the number of windows broken, this depends a great deal on the propensities of individual patients. With some, the propensity is only transitory; with others, permanent. I have now an inveterate window breaker—a woman. The moment anything occurs in the ward to call off the attendant's attention, she takes the opportunity to break as many windows as she can; in one month she broke 80. Her object is to get put in seclusion, where she is happy. I should not think of using restraint in this case, as a principle, if it be worth anything, is worth more than a few panes of glass; besides, the tendency to window-breaking is generally due to some condition of health which may be improved by treatment—most frequently a weak state of health with excitement. This is not so in the case quoted, who, although a phthisical patient, is at present in very good health.

"I am decidedly of opinion that the use of restraint tends to confirm and strengthen degraded and animal instincts, and that treating the insane as rational beings has the tendency to develop self-restraint and decency.

"That this result is often very long in being produced, and that in some patients never is produced, is no argument against the general rule, and I hold most decidedly the opinion that there are no patients so degraded in habits but that they are susceptible of humanizing influences, provided there is no progressively active brain disease present.

"I might add a few words on the subject of attendants. This is a fruitful source of complaint amongst English physicians and superintendents, and of late I have found the difficulty of securing and retaining the services of good attendants greater than ever before.

"I attribute this partly to the hostile feeling which exists, and which constantly tends to break out amongst the superficially educated, on the subject of asylum management, which was illustrated by sensational articles in many of the public papers (medical included) a few years ago. These had, as it appears to me, the effect of making present attendants shirk their responsibility and seek their own interests rather than that of their patients, and of preventing eligible men and women from undertaking an employment which was so calumniated. The great increase of wages throughout this country has, of course, also tended to make employment more easily obtained, as well as the shortening of the hours of labor to contrast unfavorably with the hours of an attendant's duty. But of one thing I am convinced, that a mere advance of wages will, even if it induce a better class to undertake the duty, not ensure its being better performed. What is wanted is a training institution similar to what we have in London and Liverpool for hospital nurses, provided by Miss Nightingale.

"Yours sincerely,

"T. L. ROGERS.

"DR. CHAS. F. FOLSOM."

"COUNTY ASYLUM,
"RAINHILL NEAR PRESCOT, December 1, 1876.

"DEAR DR. FOLSOM:—Our English county asylums are visited once a year by the commissioners in lunacy,—*i. e.*, by two members of that Board, a medical man and a legal member,—and every two months by two or more members of the committee of visiting justices. These are all the statutory visitations, and the rules for visiting made by local committees vary greatly, from weekly visitations, as in Middlesex, to quarterly, as in Yorkshire.

"Here, we used to have a rule that a magistrate should visit between each monthly meeting of the committee, but that has not been observed now for years, and only the statutory visitations are made. . . .

"I object strongly to any set of men arrogating to themselves the right to determine how another set should treat any kind of disease, and, although I certainly am of opinion that our system of treatment of insanity is better than yours, I have no right or wish to assume that yours is incapable of being defended.

"By the way, Dr. —— of —— visited this asylum a fortnight ago with an introduction from your consul in Liverpool. I was unfortunately away from home, but my deputy informed me that he had particularly wished to see the implements of restraint, and seemed incredulous when informed there were none in the establishment; and this seems, from what I read and hear, to be the prevailing feeling in America; viz., that we do not really act up to our professions. If this were so, it would be far worse (at least in my eyes) than an open use of restraint. If, however, your countrymen would take the trouble to make inquiries, either through their consuls, or, still better, by personal examination of our asylums (and I am certain they would always be gladly welcomed), they could satisfy themselves how far the system of non-restraint was actually in force in England at the present time. However, as I went rather fully into the subject in my presidential address in 1874, a copy of which I believe I sent you, I will not give you a second edition of it here.

"I am yours sincerely,

"T. L. Rogers."

The following notes by the writer in regard to Tue Brook Villa, near Liverpool, and the West Riding Asylum at Wakefield, England, illustrate some points which may be suggestive here:—

*Tue Brook Villa.**

"Reaching Liverpool, and not having much time to spare here, I at once called on Dr. Owen at his private asylum for the treatment of mental diseases. When I went to see him two years ago, I thought that by mistake I had strayed into some gentleman's private grounds. The gate was swung wide open, there was not a fence in sight over which I could not have easily vaulted, the hospital in the distance had an attractive, home-like look, and the well-trimmed hedges and newly mown lawn looked only the more picturesque with the herd of Ayrshires and occasional groups of men and women here and there. As I got nearer, I found in the faces of the people unmistakable evidences of mental disease. Some were strolling about, or sitting under trees, entirely alone, on parole, that is, having the liberty of the grounds, provided that they kept within certain limits. In other cases, one attendant looked after a group of cases or a single patient, according to the severity of the illness. Inside the hospital the pleasant sitting-

* Boston Medical and Surgical Journal, August 26, 1875.

rooms with their cheerful open fires (which are really not an atom more dangerous than gas-burners, sharply-pointed scissors, knives and forks, and steep stairways) had a quieting influence which is not got from opium or chloral. Those of the fifty patients who could control themselves sufficiently dined with the doctor's family, a privilege which they appreciated highly, and to gain which they exercised a great deal of self-control. This daily stimulus to their self-respect had a really wonderful effect; and as I sat at the table conversing with one after another, the windows wide enough open to throw out a wheelbarrow, and the doors all unlocked, I had time to prepare myself for Dr. Owen's statement, based upon an experience of over twenty years, that in building a new asylum he would have only such doors and windows and fences as are found in a gentleman's private house and grounds.

"Dr. Owen has one assistant physician and twenty-five attendants, whom he can employ in case of necessity, although so many are not always needed; that is, he treats individuals, and not wards or galleries."

*West Riding Asylum.**

"Having a few hours to spare, a few day ago, while waiting for my train, I made an unannounced visit to the West Riding Lunatic Asylum, from which we have seen so many excellent papers in the medical journals, and whose yearly reports are so interesting and valuable to us. I was fortunate enough to find Dr. Browne at home, and was received with that cordial hospitality which I find so freely extended here to strangers. I have not seen an asylum, and I doubt whether there is one, where the modern treatment of mental disease is so well carried out in all respects as there. The directors pay a large salary so as to secure talent of the first order, and then leave the management of the asylum in all its details to their medical officers. The newer parts of the building were constructed with wooden sashes, and no iron guards of any kind were used. In some of the wards the panes of glass were so large that a patient might easily get out by breaking the glass, if no one were at hand to prevent it. Dr. Browne said that if he were now to construct the whole asylum anew, he should have all the windows made in this way. Even the 'refractory' wards have open fire-places, porcelain vases on the mantel-pieces, prettily decorated walls and nice furniture.

"Of the fourteen hundred patients, not one was undergoing mechanical restraint in any form, and not one was in seclusion.

"Dr. Browne does not even use clothes of indestructible material

* **Boston Medical and Surgical Journal, September 9, 1875.**

for his violent and "tearing" patients, preferring to have an attendant close at hand until the destructive tendency has given way under medical treatment and occupation. There were no airing-courts in the old sense of the word; that is, bare yards with high walls; but every patient who went out to walk did so in pleasant, tastefully decorated yards. I could not but admire the skill and ingenuity with which the older parts of the asylum had been made cheerful, light and airy. At the end of one rather dark ward, a pleasant light from several gas-burners shone through a beautiful stained-glass window during the day. One great secret of the quiet and order which prevailed was, I think, the fact that all the patients are kept employed as far as possible. Even the carpets, shoes, bedding, cloth, clothes, etc., used in the place were made by the patients. I found some old, demented men darning stockings. Some of them were even blacksmiths. About one-fourth are taught to work at their several occupations after entering the asylum.

"Of course, Dr. Browne has a large staff of competent attendants, one to every eight patients; these attendants are carefully selected in the first place, and all unfitted for the work are unsparingly weeded out. The suicidal patients are watched day and night, and cannot even go to the bath-room without an attendant. We all know what good pathological work is done at this asylum; I need not describe that department. As an illustration of the care which is used to keep the patients from disagreeable sights, I noticed that the two dead-rooms (one for the males and one for females) had been so placed that the hearse coming or going, could not possibly be seen. Many little things like that all over the asylum showed how fully the old theory had been abandoned, that the insane are indifferent to their surroundings. In fact, a great deal was expected in the way of treatment from making them as comfortable and happy as possible. A few minutes' walk from the wards a pretty Gothic church stands out among the trees, to which the patients go with a feeling of self-respect; and there is nothing in it or about it which makes it look different from a church for sane people.

"I have not space to describe the department for experiment, and medical and pathological research. I am sorry to pass over the strictly medical treatment with simply a mention of their Turkish baths and vapor baths (a very important feature) and to say that only a very few patients, comparatively, were taking medicine (not more than five per cent. taking morphia in any form).

"I was very much struck with the good behavior of the patients and with the absence of noise and violence. I suspect that the whole treatment which has been so successful may be described in Dr. Browne's remark to me: 'Treat them as men and women, and

they will behave as such.' I placed the aphorism alongside of my Scotch friend's reply to my inquiry what his treatment was that made his patients so quiet, for I saw many open doors, large wooden window-sashes, no mechanical restraint, and very few prescriptions in the medicine-book. That reply was, 'I believe in a good cook and a big garden.'

"It seems to be generally believed in our country that insanity is of a milder type in England, and that the insane are more easily managed. Of course I cannot say that such is not the case. I can only say that it does not seem to me to be true, and that I am supported in my opinion by careful and competent observers. But the English and Scotch have a great advantage over us in a climate which makes it possible to send their patients out-of-doors to walk or to work nearly every day throughout the year."

Prof. Westphal.

Prof. Westphal, the distinguished successor of Griesinger as superintendent of the department for the insane of Charity Hospital in Berlin, and professor of diseases of the mind and nervous system in the university, writes of Germany thus :—

"BERLIN, October 18, 1876.

"DEAR SIR :—I am very glad to answer your questions as far as I am able.

"The English no-restraint system is, to my knowledge, carried out in Germany at Hamburg, Halle, Göttingen, Charité [Berlin], Hall (Tyrol), Heppenheim, Neustadt, Eburwalde. Of private asylums, I would mention Dr. Mendel's and Dr. Levinstein's in Berlin. It is possible that there are still other German asylums with no restraint, of which I am not aware that they have carried out that system; but there are certainly not many, and it can still be said now that the greatest number use mechanical restraint, even those that are readily acknowledged to be model asylums, as for instance at Illenau in Baden. On the other hand, the no-restraint system is extensively carried out in German Switzerland.

"Window-guards have never yet, to my knowledge, been removed from any German asylum, but I know of one in Denmark, at Roeskilde (on the island of Zealand) in which there are no guarded windows.

"A new insane asylum has not yet been built in Berlin, and the city has lately given up the land which had been bought for that purpose. My advice has not yet been asked; but I should recommend the purchase of a large piece of land to be cultivated by the

insane; a small central building should be constructed, and the greatest part of the patients should be lodged in separate, simply constructed buildings. Such a plan is now being carried out in the province of Saxony, the land having been already bought.

"The no-restraint system was first practised in Germany by Prof. Ludwig Meyer, in the department for the insane of the Hamburg Hospital in 1862—the new asylum (Friedrichsberg) was not then built. Griesinger introduced it in the Charity Hospital (in Berlin) in 1866; but the system has been fully carried out only since February, 1867. There have been since that time no camisoles, etc., in the department of the insane of the Charity Hospital. (Compare the Archiv für Psychiatrie und Nervenkrankheiten, Vol. I, 243.)

"I am myself thoroughly convinced that the no-restraint system is the correct one (*das richtige*), and have never had occasion to depart from it.

"I think, too, that the guards may be removed from the windows provided certain patients (*kranke*) have their rooms on the lower floor; for the greatest number of the patients, in my opinion, there are no window-guards needed.

"Hoping these few notes may serve your purpose,

"I am very respectfully yours,

"CH. WESTPHAL."

Under date of January 6, 1877, Prof. Westphal informs me that a part of the asylum at Hamburg is without window-guards, and that the new asylum at Marburg is to be wholly so.

Munich.

At Munich some interesting work is done, as noted in the following description: *—

"The director has recently had one million guldens voted him, without a dissenting voice, for enlarging and improving and beautifying his buildings and grounds. In all his windows (which are guarded now) he is putting panes of plate-glass about a centimeter thick; it cannot be broken by any ordinary blow. In fact, I could not break it with my fist. Each pane costs a gulden, an extravagance which the *Geheimrath* from Hildesheim said that he had not seen even in England.

"Another excellent idea which I noted was the building of large rooms for exercise during stormy weather. The southern sides

* Boston Medical and Surgical Journal, October 14, 1875.

were almost wholly of glass, and the rooms were not to be heated. The sashes are to be taken out during summer, and the space occupied with plants, shrubs, etc. The superintendent is carrying rather far the principle of decorating the grounds and frescoing the wards and other rooms which are for the most demented patients; but he thinks his experience justifies him in saying that by such means he reduces his number of filthy patients 75 per cent."

Dr. Stearns.

Dr. Stearns, the accomplished superintendent of the corporate asylum at Hartford, gives this interesting account of his experience of British asylums. It is an important fact that his use of the non-restraint system for the past year has fully satisfied him of its merits:—

"RETREAT FOR THE INSANE,
"HARTFORD, CONN., May 23, 1876.

"MY DEAR DOCTOR:—You may perhaps be interested to know that I visited Dr. Fraser's institution two years ago and spent a day with him. Of course I need not say that I was greatly interested. No one could fail to be so, with one having the enthusiasm he appeared to have in his work, especially as it extended quite as much to his pathological investigations as to the conduct of the other branches of his labor. The system of unlocked doors he explained to me, and judging by his letter to you the subject has increased in interest with him. I, however, felt then and do now that it is entirely impracticable with us, for reasons which I have not time to mention and which doubtless have occurred to your own mind.

"While abroad, I was specially impressed with the following points connected with the management of their asylums: 1. Occupation. 2. Non-restraint (so called). 3. Personal freedom. 4. Pathological investigations. I refer particularly to the Scotch asylums. It appeared to be the aim of the commissioners to stimulate activity in these directions, specially in those institutions where the superintendent had the requisite qualifications therefor. And here I think the beneficial influence of the system of commissions was specially apparent,—by counsel, advice, etc., helping the superintendents a little out of the beaten track and into new fields. I may say, in reference to the system itself, I think no one who saw the wonderful effects arising from the appointment of medical inspectors in the army during the late war could doubt the beneficial effect of a commission of lunacy. The trouble, however, in this

country is to obtain one properly constituted. If the New England States would combine and appoint men of acknowledged eminence in the specialty, who should devote their whole time to the work, and clothe them with the requisite power, it seems to me such a commission would commend itself both to the public and to the institutions, and great good might come from it. . . .

"Very truly yours, H. P. STEARNS."

Dr. McFarland.

Dr. Andrew McFarland of Illinois, a gentleman of many years' experience as superintendent of insane asylums in two of our States, sums up his experience in 1876 in these words:

"We adapt our hospitals to the easy visitation of physicians and convenient administration of medicines, sacrificing, by so doing, the easy and most desirable freedom of action in the patient, which ought to be hampered as little as possible.

"Another of our inherited ideas, equally vicious, is, that the insane man is necessarily a 'jail-breaker,' and thus strength of construction is to be the universal feature of buildings for his use. My later experience with the insane has much disabused my own mind on this subject. The number who cheerfully and contentedly accept an asylum on the true principle as a fixed home, from which they are not tempted to stray, very much surprises me. The sight of means of restraint is, I am satisfied, a frequent temptation to break over them. I believe that more of the insane than we give credit for have a consciousness that they need a special home, that the outer world is no place for them, and, if such homes were provided on the true principle of governing diseased minds, they would become more completely attached to them than we are apt to suppose in an experience of structures built to hold them in by physical force."

Less-Restraint Methods Considered.

These opinions of men of large experience in the treatment of mental disease, and of eminence in their profession, are not quoted as indicating any arbitrary rules which should always be carried out under all circumstances, but to show in what a different light many of the first authorities now look upon mental disease as compared with the views held even twenty years ago. It is, moreover, evident, that for the last century the treatment of the insane has become annually less and less that of restraint.

The climate of England is such that the patients may get out of doors nearly every day in the year, and that is considered by English specialists one of the most important features in their treatment; but in Germany the heat of summer is as intense and the winters are nearly as severe as with us.

It is not possible to prove by statistics that a larger number of cures can be got by this treatment. It certainly is reasonable that such should be the case; and it is thought by Dr. Clouston and others that more and speedier recoveries are the result. It is certain that there is no decrease of recoveries and no real additional danger to the patients or to the community, whereas the comfort and happiness given to a large and unfortunate class more than compensate for the added feeling of responsibility and possibly anxiety on the part of the doctors, and for the increased watchfulness on the part of attendants.

There are in most insane asylums patients so violent that all risks with regard to them should be assumed very cautiously; others so absorbed in their own delusions as to scarcely notice their surroundings; others too demented to perceive them; others still, too ill to do so, and a certain number who, well or ill, are indifferent or superior to their associations. Granting all this, and, for the sake of the argument, that our insanity is more intense than that observed elsewhere, we still have a large class who are not "furiously mad," who are thought to be best treated away from home and in an asylum, and who need everything in the scale turned in their favor in their struggle with a powerful disease. Often with a diseased will and weakened powers of self-control, they need every strengthening help possible. For them, the influences of multiplied restrictions and the inability to exercise what feeling of responsibility they have left, act simply as so many depressing forces. In their case, it is often really the safest to run some risk; and, in trying to be too safe, we should not infrequently, like an over-cautious surgeon, lose our only chance of ultimate success.

In reference to this well-known fact, the late Dr. Bell said, in his report for 1853 (page 26):—

"It is said that the admission among the early inmates of this institution of one of extraordinary propensities and capacities of

breaking out of any place of confinement involved a useless outlay of thousands of dollars. It was naturally reasoned that, if among the first hundred admissions was included a man so dangerous and violent as to render his certain detention an indispensable duty, and who was yet capable of making his way through all ordinary obstacles, others of the same character would now and then occur. *An entire building was erected predicated on such a possibility, but no parallel case has since* [in 35 years] *been received.*"

Management and Curability.

It is the almost universal testimony that mental disease has been more easily managed in England by the less restricting treatment of it, and that the asylums have become quieter and more orderly. An illustration of this general principle has been so recently shown in one of our own asylums that a short account of it is given here.

In 1874, one of the county asylums in Illinois was found to have six out of its three hundred patients handcuffed and chained to chairs or walls. Their actions seemed like the stories of sights in Bedlam and St. Luke a half-century ago, and which the writer had thought were not to be seen in these days. On representing the matter to the physicians and surgeons of Chicago, they made an examination and a report, as a result of which the whole evil was corrected and the asylum has been much improved in every way. One of the leading physicians writes, November, 1876, as follows: "I visited the insane asylum on Friday and examined every ward carefully. I wish you could have been there with me, as it did not seem at all like the institution we visited together two years ago. I remarked to the physician in charge that I did not see any patients handcuffed or fastened to the chairs or wall." Of the result of removing the chains and handcuffs, he writes: "The change was noted inside of twelve hours, and the patients who had been chained to their chairs made no more noise than the others; the superintendent said that he had not used them (handcuffs, etc.) since the time when you were there. You said they would behave well enough if they were treated well."

Another striking case is the experience of Dr. J. S. Conrad, superintendent of the Maryland Hospital for the In-

sane.* In May, 1876, he put in practice the system of occupation for his patients; and, from then until October 31, there were 2,724 days of work with less than 200 persons, not including many times when they worked for only a few hours. With a view of extending his experiment, Dr. Conrad purposes buying shoemakers and tailors' tools, and those of other mechanical work. He says: "The amount of work done is really astonishing, and many patients have engaged in outdoor occupation *who were never before outside the walls of the hospital since they came within them.*" As a result, he speaks of his ability to very much reduce the amount of mechanical restraint used, "owing, doubtless, to the greater liberty that we have granted the patients, and also to the restraining influences of the system of occupation which we have adopted. There can be no doubt of the fact that with the insane, as with the sane, the more confidence you use the better." He recommends smaller and separate buildings for purposes of classification.

If our asylums were relieved of their overcrowded condition, and if Dr. Conrad's example, carried out indeed for many years at our state asylum in Northampton by Dr. Earle, were generally followed, might we not hear less of an "American type of insanity" distinguished by greater severity, more violent excitement, more desperate melancholy, etc.?

In the report of the Connecticut Hospital for the Insane, for 1876, Dr. Shew says:—

"In former reports I have alluded to various means employed to divert, amuse and occupy such of our patients as were not in a condition to engage in outdoor labor. Besides our regular entertainments of music, dancing, concerts, lectures, stereopticon exhibitions, readings, etc., which occupy four evenings each week, our male patients have found pleasure and profit in a systematic course of outdoor military drilling, which was conceived as a valuable training exercise for insane men, and has been carried into useful practice by our worthy supervisor, Col. Thayer. So far as I am aware, this is a new feature in hospital management. Early in the season walking parties were formed of from ten to fifty persons, who would leave the grounds and spend an hour or two, and sometimes a whole afternoon, in roaming about the hills, gathering flowers or

* Report for 1876.

picking berries. As the season advanced, Col. Thayer gradually and almost imperceptibly formed those from the different wards into distinct companies, officered by their respective attendants. These companies would go out daily and practise at military evolutions. I am free to confess my surprise at the proficiency attained by many of the chronic insane, who had been turbulent, restless and noisy, or listless, desponding, and partially demented. These exercises were practised one or two hours daily by about 150. It should be borne in mind that these companies were formed of men who were not considered available for farm labor, or, in other words, of that large class of epileptic, maniacal, and demented patients found in every hospital who spend their time in the airing-courts or in the wards.

"About forty per cent. of all the men are regularly employed on the farm and grounds. One of the results of this form of military exercise and discipline was a steady increase in the number of those who were able to be employed on the farm, so that on pleasant days not more than half a dozen men, out of a total of 230, would be inside the building. Another pleasant effect of this form of amusement and exercise was observable in the quietness and order which prevailed in the house. The universal quietness at night was equally noticeable. Rarely was a sleeping dose of sedative medicine required; and from records accurately kept, I am able to report the absence, for weeks at a time, of all forms of mechanical restraint."

Position of English and European Experts.

It is not universally agreed, even in England, that mechanical restraint should be abolished entirely. Dr. Edgar Sheppard, Medical Superintendent of the Male Department at Colney Hatch and Professor of Psychological Medicine in King's College, London, says of his own practice:—

"Mechanical restraint is resorted to whenever it is thought necessary for the protection of the patient; but it is only necessary in rare and exceptional cases.* I believe its use to be neglected in many asylums to the detriment of the patients. All the windows in Colney Hatch are barred;† but there is no occasion for so prison-like an arrangement. English asylums have improved greatly since less restraint has been used, because of general attention being directed to their once neglected condition; because of legislative enactments, better supervision, etc. Restraint was formerly resorted to in all cases to save trouble, and so it became wholesale neglect;

* This was Conolly's position.

† Like our asylum windows.

now it is resorted to in a few cases, and then only as the best means of treatment." *

Dr. Sheppard's high position, and his experience and ability, entitle his opinions to great weight. By the reports of the Lunacy Commission for 1871, 1872, 1873 and 1875,, it is found that less than one per cent. of his patients (averaging 829 each year) wore mechanical restraint for those years,—much less of course than one per cent. at any given time,—and more than half of these were for surgical reasons; although a very different interpretation of the meaning of those who agree with Dr. Sheppard is usually made in this country.

Dr. Yellowlees, a well-known writer on psychology, formerly physician-superintendent of the Glamorgan County Asylum, and now of the Royal Glasgow Asylum, says:†—

"I never hesitate to use restraint when other means fail, if I think it for the patient's good. The cases requiring it are very rare; but it is as certainly right to use it when required as it is wrong to use it when unnecessary. To condemn restraint under all circumstances merely because it has been or might yet be abused, is as unreasonable as to forbid all use of stimulants because they have been or may yet be used too freely. Unnecessary restraint cannot be too freely condemned; but to reject its use when necessary for the patient's welfare is to sacrifice the patient to a sentiment, and to degrade 'non-restraint' from the expression of a great principle into the tyranny of a mere name."

A striking instance of the extent to which the non-restraint treatment has been raised to a principle in England, may be seen in the Criminal Lunatic Asylum at Broadmoor, of which we learn that in 1875, the daily average number resident was 503, of whom 204 had been sent there for murder and 110 for "attempt to murder, maim," etc., and yet "no form of mechanical restraint was used in any part of the asylum during the year." With all this, "there were no instances of the commission of premeditated acts of violence, and no attempt to escape was even partially successful." There was only one suicide during the year, and no accident which could have been prevented by the use of mechanical restraint.‡

* Dr. Sheppard's views are given at length in his Lectures on Madness, London, 1873.
† Asylum Notes, Edinburgh, 1873, page 13.
‡ Annual Report for 1875, by W. Orange, M. D., Superintendent. London, 1876.

As to the extent of the use of mechanical restraint in England, Mr. James Wilkes of the Lunacy Commission writes, under date of January 25, 1875, that it "is now very rarely employed in public or private asylums, and in many it is never used."

As to the amount of such restraint, where it is used, the commissioners, in 1873, when commenting on the fact that in 800 patients treated in one year at a certain asylum, ten different individuals had worn restraint at different times during the year, say that such an amount of mechanical restraint was without parallel at that time in England.

As to the character of the restraining means used, Dr. Yellowlees says: *—

"I have only two appliances for this purpose, which it seems absurd to call instruments of restraint,—canvas gloves which envelop the whole hand, and a jacket such as that worn by all the patients, but of stronger material, and with the ends of the sleeves sewed to the pockets."

The benefits of the change in practice in England are well expressed in Dr. Sheppard's letter.† The position of the superintendents themselves is well represented by the following extracts from letters from two of their leading men:—

(1.) "Restraint in England has a strictly technical meaning, and means a restriction of personal liberty by some mechanical appliance attached to the person; as a camisole, locked gloves, etc. In this sense I have no experience of restraint whatever. I believe I have seen cases that might, perhaps, have been benefited by it. I have never, however, had recourse to it, perhaps from a weak-minded fear of the name; but I believe because I objected to its moral effect on the other patients, on attendants, and even on myself." ‡

(2.) "Some superintendents in this country have adopted the extreme view, that restraint should *never* be used; for, even if a benefit to one special case, its introduction might lead to great injury in other cases. I think this view false in principle and wrong in

* Op. cit., page 11.

† See page 62.

‡ Judging from the extensive correspondence printed in the eighth report (1854) of the Lunacy Commission, this is the position of the majority of English superintendents.

practice. It is my province and duty as physician to distinguish between the use and the abuse, and there are *rare and exceptional cases* in which I deem it as much a duty *to use* some modified form of restraint as I deem it a duty *not to use* it in other cases. The good of the individual patient is the paramount consideration."

Another view is given by Dr. Sutherland, and is essentially the same as Prof. Meynert's of Vienna, that "formerly the patient was strapped down to his bed and not allowed to move; the consequence of which was that the horizontal position favored the congestion of the brain and added to the development of the already superabundant nerve-force, thus producing greater and greater irritation, followed by collapse, typhoid symptoms, and too often death."*

In the second edition (1861) of his work on diseases of the mind, still the standard authority, Griesinger says:—

"When my first edition was published [1845], I agreed with German physicians generally in condemning the non-restraint system. I sympathized with the reform, but could not meet the objections made to it. Since that time, experience from one end of England to the other has answered these objections. I have seen the system in practice, and am convinced. . . . Let no one again say that it is impracticable, . . . or more suitable to the English, because more manageable, than on the Continent, . . . or that the use of it is commendable and its abuse to be condemned. No one can say at what point in the use of mechanical restraint abuse begins; it seems to be almost unavoidable."

He quotes Conolly, however, apparently with approval, as saying that there are rare and exceptional cases where mechanical restraint is best for the individual patient.

It is only fair to say that a different conclusion was reached by Guislain of Brussels, whose work Brierre de Boismont compares with that of Pinel and Esquirol, and who was the best-informed man of his time in regard to the various methods of treatment, having visited the asylums of Italy, Switzerland, Holland, Germany, France, and England, and having, like Griesinger, seen the non-restraint system in practice at Hanwell. He gave Conolly full credit for his noble

* Non-restraint System of Treatment of Insanity. By R. Gardiner Hill. London, 1857.

work, but thought with Ray and Bell, that there were some patients, about one or two per cent., who were better off for some form of mechanical restraint. He said, with Baglivi, "*Aliter enim, in morbis curandis, tractandi Itali, . . . aliter Galli, Hispani, Angli, Germani.*" . . . (Italians, Frenchmen, Spaniards, Englishmen and Germans, all require different kinds of treatment.)

However decided one own's opinion may be on this point, and however honest one's convictions, it must be acknowledged that humane, able and well-informed men still differ as to what is best in individual cases.

Substitutes for Restraint.

It has been thought that there must be some substitutes in England for mechanical restraint,* in wet-packing, etc.; but we find that the Lunacy Commission, in speaking of one asylum where this was used, simply as "medical treatment," say, "This packing should be recorded in the medical journal, and under the head of restraint."

Whether more drugs are used or not, as less physical restraint is resorted to, is chiefly a matter of individual practice, some going so far as to class all use of powerful sedative drugs as "medicinal restraints" to be avoided, and others saying that more narcotics are employed.

It is generally agreed that it has been necessary to have more and better attendants.

Accidents Considered.

The result in England has not been to increase the number of accidents; and it has been stated by Dr. Conolly† and others, although I have been unable to find statistics on the subject, that they have decreased. As compared with our own country, it is found that they have fewer fatal casualties, as the following table (including suicides) shows.

Deaths from a suicidal act committed before admission, sudden deaths from natural causes, as heart disease, epilepsy, etc., are not included.

* Superintendents of asylums and physicians, in like manner, formerly often went to Hanwell to ask Conolly what he used in its stead.

† Eighth report of the Commissioners in Lunacy, pp. 171, *et seq.*

The quiet insane in the workhouses of England, 10,307 in 1866, and 15,409 in 1875, are also not counted. There are almost no fatal accidents among them.

Table showing Fatal Accidents for Ten Years in Asylums for the Insane.

YEARS.	UNITED STATES.*			ENGLAND AND WALES.			SCOTLAND.		
	Inmates of asylums.	Fatal casualties during the year.	Rate per 1,000 patients of fatal accidents.	Inmates of public and private asylums.	Fatal casualties during the year.	Rate per 1,000 patients of fatal accidents.	Inmates of royal and district, private and parochial asylums.	Fatal casualties during the year.	Rate per 1,000 patients of fatal accidents.
1866, . .	7,634	12	1.57	31,520	26	0.82	4,536	4	0.88
1867, . .	8,034	20	2.48	32,822	48	1.46	4,603	8	1.72
1868, . .	7,813	24	3.07	34,437	44	1.28	4,694	12	2.56
1869, . .	9,505	11†	1.16	35,669	42	1.18	4,932	6	1.22
1870, . .	11,332	17	1.50	36,969	31	0.84	5,368	12	2.24
1871, . .	11,449	16	1.39	37,325	41	1.10	5,431	16	2 95
1872, . .	13,540	25	1.85	38,559	58	1.50	5,039	14	2.78
1873, . .	14,239	22	1.55	39,563	50	1.26	5,740	14	2.44
1874, . .	14,512	25	1,72	40,910	20	0.49	5,826	8	1.37
1875, . .	14,403	34	2.36	42,285	42	0.99	-	-	-
	-	-	1.84	-	-	1.09	-	-	2.04

* The figures include 29 asylums in 1866; 33 in 1867; 27 in 1868; 32 in 1869; 37 in 1870; 33 in 1871; 37 in 1872; 41 in 1873; 42 in 1874; 40 in 1875. The records were not counted, as there were no statistics, of five asylums each in 1868 and 1869; of 4 in 1866, 1867 and 1870; of 3 in 1871, 1872, 1873, 1874; and of 1 in 1875.

† Not including six lost by the destructive fire at one of the asylums.

In preparing the table in regard to this point, the records for the past ten years have been consulted. For this country, reports (380 in all) of the various asylums (51 in number) have been examined through the kindness of Dr. Edward Jarvis, who offered the use of his library. The superintendents, also, were addressed personally, with a view to obtaining reports for those years which were wanting. For Scotland, the suicides and fatal accidents are reported in the tables published in the reports of the commissioners. As it was not entirely clear whether all fatal accidents were reported by the English commissioners, a letter of inquiry was sent to Mr. James Wilkes, who very kindly sent the following reply :—

OFFICE OF COMMISSIONERS IN LUNACY,
19 WHITEHALL PLACE. S. W., 26 April, 1876.

MY DEAR SIR:—I have been away from London on circuit for nearly a month, and have not been able to reply to your inquiries earlier.

All suicides, both in public and private asylums, are recorded in the tables published in our reports showing the admissions, discharges, deaths, etc., which take place in each. They are also subjects of special investigation by the board, and in most cases copies of the evidence given before the coroner are procured. Fatal accidents are not included in this table; but all are equally the subject of special inquiry, and, when necessary, of personal investigation by the commissioners. They are always mentioned by the commissioners in the reports they make upon their visits both to county and private asylums, and are also commented upon in the annual reports they make to the Lord Chancellor. . . .

I am, dear sir, faithfully yours,

JAMES WILKES.

C. F. FOLSOM, Esq., M. D.

The result of the comparison is to show that Dr. Bucknill is right in saying* "that non-restraint does not encourage nor restraint diminish or prevent the occurrence of injuries from violence,"—at least if the non-fatal accidents are in the same proportion as the fatal. This point cannot be ascertained with certainty for American asylums, as records are not published in all cases, as they certainly should be. In England it is shown by statistics that the non-fatal accidents have very much diminished in the last fifteen years, while the non-restraint system has been more fully carried out.

If we examine the character of the fatal accidents, we find that there are almost none in our best asylums (and the same holds true of the best English asylums) except those which were due to the patients themselves. In the case of all our county asylums, a few of the city asylums, and the departments for the insane in poorhouses, all of which are under the care of men not members of the Association of American Superintendents, and in a few of our state institutions, which are the least creditable to us, either there are no

* Op. cit.

reports or we have been unable to consult them, so that the apparent result is more favorable to us than if all classes of asylums were included in the account.

In the British asylums, too, careful autopsies and inquests are required in all doubtful cases, of which the records are kept and published by the Lunacy Commission; so that we do not find the euphemism of "autochiria" for suicide, as occurred in one of our asylum reports; and they are also complete. In the above table of statistics, it is known that all our fatal accidents are not included,* although it is not certain how many omissions there are. The results do not, therefore, possess entire completeness; but it is thought that, especially for the later five years, they are pretty nearly correct for most of the asylums.

Ten years ago there were many injuries in English asylums attributable to rough handling by the attendants, apparently in some cases such as might have been avoided by the use of mechanical restraint or better attendants. The number has been diminishing, however, and is now very small indeed. But there are still reported in England accidents of a kind and with a frequency said to be entirely unknown in the asylums under the charge of members of the American Association of Medical Superintendents of Hospitals for the Insane. If we had any means of getting at the statistics on this point for all our county and city asylums, and so could include the good and the bad, as is done in England, we probably should not have good reason to be proud of the result. A careful comparison of English with American state and corporate asylums leads the writer to the conclusion that there is not less personal kindness and care on the part of the doctors and not less gentle treatment on the part of the nurses in the latter. The accusation that the use of restraint in our best asylums is on any other than humane grounds is certainly not based upon adequate knowledge of the true facts.

* In one of the asylums included in the table on page 67, it has been lately ascertained that there were four fatal accidents which did not appear in the reports, and which are not counted.

Question of Escapes.

Another matter is worth considering, and that is whether the system of more freedom permits more escapes. On this point Mr. Wilkes says: "During the year 1875, I find that 376 escapes were registered, and on the 1st of January, 1876, there were 40,261 patients in public and private asylums in England and Wales." He further says that the great majority of the patients who escape are returned very shortly (or return themselves), sometimes in a few minutes; and the instances are very rare in which they are not retaken.

In looking over all the reports for that year of American asylums, of which I have copies at hand, I find that among 15,407 patients in 34 asylums, there were 38 escapes, *none* of whom were returned or came back themselves. Those who escaped and did come back are not recorded in the reports; so that, in this point also, the system of more freedom apparently has no disadvantage.

Dangerous persons should be carefully watched, and not allowed to escape; but the moral effect of occasionally allowing a harmless patient to wander away, and find out for himself that he must go back, is certainly not a prejudicial one.

Summary of Restraint Question.

This subject of mechanical restraint has been dwelt on at some length, because it has lately excited a great deal of attention. Both here and abroad, a great many exaggerated and untrue statements have been made, and these have been copied and commented upon, giving rise to a great deal of misunderstanding; a matter which cannot be put in better form than by quoting from a recognized English authority, who says, in a private letter recently received: "I received the Journal of Medical Sciences, and have no reason to complain of being misquoted, but the gist of my argument, the writer failed to appreciate. I took up my parable against the intolerance of non-restraint advocates certainly, because they are in the majority in this country, but I meant it equally to apply against intolerance on the part

of advocates of restraint. Now, that article is as intolerant on one side as anything that has ever been written or said on the other side in this country, and the writer omitted to state that I, who had never employed restraint, was the advocate of tolerance towards those who are opposed to me. Moreover, the arguments in favor of restraint are only a *réchauffé* of what used to be said in this country by the opponents of the abolition of restraint.

"I admit some amount of force in the argument about the American people being less easily controlled, or, I should say, less amenable to discipline, than the inhabitants of this country; but, for that reason, I should apprehend they would feel the degradation of restraint all the more keenly. On the subject of American patients, I am not speaking without some knowledge, as I frequently have them in this asylum; and, what is still worse, according to my experience, Irishmen who have returned from America, and who, as usual, have acquired the vices (if I may so term a repugnance of discipline) of the people amongst whom they have lived, without acquiring their virtues.

"I have been in the habit of thus classifying, mentally (*i. e.*, in my own mind), my Irish patients: (1.) The recent imports, who are generally docile and manageable; (2.) Those who have lived some time in Liverpool or other manufacturing towns, and who have lost all their native docility and acquired the vices of their Saxon neighbors without having also developed their self-reliance; (3.) Those who have returned from America, who kick against discipline of any kind. . . . . To return to the subject of restraint, I think I may assert that if it can be dispensed with in this asylum, it can be anywhere; for a more degraded, lawless class than are sent here, are not to be found in this country. . . . . I do *not* think that the leading superintendents in this country favor restraint; no doubt sentiment leads many men very far in theory, but I really believe that, in England, the restraint men are in a small minority."

In our country, alienists look upon the use of mechanical restraint as a purely medical question; but there are so many other interests, social and moral, connected with it,

that Dr. Bucknill is undoubtedly right in saying that "it is a matter upon which persons who are not scientific will eventually insist upon having much to say, unless it be definitely settled beforehand." In some of the best English, and also in some of the best American, asylums, the *principle* is essentially alike; namely, to use mechanical restraint only when the interest of the patient demands it.

The *practice* is widely different in the two countries in this respect. One physician in England, for instance, who treats about forty patients of all degrees of severity in his asylum, and who uses mechanical restraint when he deems it best for the patient, wrote February 6, 1875, that he was then using it for the first time in twenty years, and oddly enough in two cases. Generally speaking, the amount used in that country is very small indeed.* In the United States, there has been a progressive improvement in the last five years; nor can there be any doubt that there will be a still less amount of restraint used, and that the methods found so successful elsewhere will be more generally adopted after they have become fully known. At the present time, the use of mechanical restraint in some of the American asylums is excessive, but not more so than is common on the continent of Europe.

This marked difference of interpreting the needs of each case, with reference to the requirements of humanity in the use of mechanical restraint, has caused a great deal of misunderstanding, in this country, of the position of English superintendents; so that they have been thought by persons not thoroughly informed, to say much more than they really mean when recommending mechanical restraint where the necessities of the case demand it. In the same way, our superintendents are thought in England to use it more than they really do.

The English county asylums, filled with inactive paupers, cannot fairly be placed in full comparison with our state asylums, overcrowded, insufficiently supplied with attendants, and provided for a less manageable class of patients; †

* Compare the statement of Mr. Wilkes, page 64.

† It should be remembered that the asylums at Perth and Broadmoor for the criminal lunatics remove that class, which (except in New York) must be treated in our ordinary asylums; that the large English asylums are mostly for paupers; and that the more intelligent classes are generally treated in private asylums.

but this fact of itself does not render the non-restraint system inapplicable to us, nor prove that it is not the best. Perhaps we shall find the "golden mean" somewhere between the practices of the countries, but nearer the English side.

An illustration of the principle of non-restraint was shown at one asylum in England, where there were padlocked guards over the fireplaces, which also had been covered with wire netting, through which a patient, in the absence of attendants, passed a long taper, lighted it, and killed herself by setting fire to her clothes. The superintendent had all the fireguards taken away, the attendants found that they must look after the patients, and no similar accident occurred again.

Responsibility for Crime,* and Definitions of Insanity.

It would be an interesting study to follow the gradual development of rational views on the part of the community with regard to mental disease, but it is not necessary here. It corresponds very nearly with general intellectual development.

Until about the beginning of the present century, Lord Hale's principle was held by the courts, that to be exempted from punishment on the ground of insanity, a man must be deprived of all memory and understanding, and no more know what he is doing than an infant, brute, or wild beast. Delusion, of which the criminal act was the direct offspring, was the next test; and then the *general* power of distinguishing right from wrong. A little before the middle of this century, the *particular* knowledge of right and wrong at the time the criminal act was committed was laid down by the judges as the criterion of responsibility. Under this decision, an insane man would be held exempt from punishment if he killed another man whom, by virtue of his delusion, he supposed to be making a mortal attack upon himself; if he supposed that some great injury only was to be done to him, murder com-

* This is touched upon here only very briefly, as a matter of necessity. The general reader is referred for further information to Ray's "Medical Jurisprudence" and "Contributions to Mental Pathology," to Maudsley's "Responsibility in Mental Disease," and to the last edition of "Casper's Forensic Medicine."

mitted under this delusion would render him liable to punishment, while, at the same time, he could not legally make a will. This illogical position is not now generally held in this country, and some recent decisions have been made in conformity with more rational views; but that criminals should occasionally be acquitted on the ground of insanity, and that persons evidently insane should suffer judicial murder, may be unavoidable so long as there can be no definite line drawn between sanity and insanity. The recent decision by which Kullmann, who attempted to assassinate Prince Bismarck, was acquitted of deliberate attempt to murder, on the ground of limited responsibility arising from hereditary defect,—although he was in no sense insane,—may be fairly considered far in advance of any other judgment of modern times. In striking contrast with this, is a late English decision.* A patient, an insane epileptic in one of their asylums, killed an attendant. At the trial, the judge held that—

> "Where a man committed crime for some supposed grievance, if he knew that what he was doing was contrary to law, he was to be held responsible for his actions. If a man killed another while under delusion that he himself was about to be killed, and that he was acting in self-defence, he would not be punishable; but if a man did so for some supposed injury to his character or fortune, then the man would be responsible. . . . If the jury were satisfied that, although Fordham was suffering from delusions, he knew what he was doing, and was not merely taking life under an erroneous impression that he was defending his own life, but killing because he felt himself injured in some form or other, it would be their duty to find him guilty."

Fordham was declared guilty and sentenced to be hanged, but there was afterwards commutation to penal servitude for life. The superintendent of the asylum in which Fordham was confined was one of those who thought him responsible. The question of self-control apparently was not considered.

The Commissioners in Lunacy (a board in which there are three physicians and three lawyers who visit the asylums)

* Thirtieth Annual Report of the Commissioners in Lunacy, London, 1876, pp. 40 and 41.

recommended, in 1873 (and there is no dissent expressed in their report on the part of any members), that a patient in one of their insane asylums, who had committed murder while there, should suffer the full penalty of the law.* Some years before this, an attendant was convicted in court and sentenced on the sole evidence of an insane patient.

In this connection, it is proper to say that the English criminal code is very much more severe than ours; and it is natural, therefore, that their limitations of responsibility should be less favorable to all offenders against society.†

Regarding the criminal, insane or not, from the humane point of view, our own country, during the past century, has made greater progress than this, as have also France and Germany.

So long as insanity was considered a disease of an immaterial mind, a *seelenstörung*, the greatest confusion existed in defining it. One of Esquirol's pupils described‡ it in 1817 as "a want of control of our feelings and propensities." Haslam, in 1832, testified in an English court that he had never seen a sane person; saying, too, "I presume the Deity is of sound mind, and he alone."

A little later, the capability of repeating the multiplication-table was gravely propounded in an English court as a test of insanity in a case involving a large sum of money. In 1837, Browne, in his lecture on *What is Insanity*, says that its definition is an enigma which Œdipus could not have solved.

With the clinical study of mental disease in the European schools, and with the impulse given to scientific research by careful autopsies, the immaterial theory of insanity has disappeared. In 1854, in an essay on Unsoundness of Mind in

*Twenty-eighth Report, 1874, page 2.

† In Blackstone's time, for instance, there were one hundred and forty capital offences. Judges now sentence boys of twelve to a dozen lashes for such offences as throwing stones at railroad trains. The penalty for unlawfully destroying or damaging "any statue or monument exposed to public view" is whipping, if the offenders are under sixteen years of age; for highway robbery with violence judges may, at their discretion, and often do sentence to imprisonment, with or without a certain number of lashes in addition.

‡ Management of Lunatics, with Illustrations of Insanity. By George Parkman, M. D. Boston, 1817.

Relation to Criminal Acts, to which the first Sugden prize was awarded, Dr. Bucknill describes insanity as "a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts have separately or conjointly been produced by disease." Two recent definitions illustrate still greater advance, and the difference in twenty-two years is well worth noting:—

"Insanity is, in fact, disorder of brain, producing disorder of mind; or, to define its nature in greater detail, it is a disorder of the supreme nerve-centres of the brain,—the special organs of mind,—producing derangement of thought, feeling, and action, together or separately, of such degree or kind as to incapacitate the individual for the relations of life. . . . Mind may be defined physiologically as a general term, denoting the sum-total of those functions of the brain which are known as thought, feeling, and will. By disorder of the mind is meant disorder of these functions." *

"Insanity consists in morbid conditions of the brain, the result of defective formation or altered nutrition of its substance, induced by local or general morbid processes, and characterized especially by non-development, obliteration, impairment, or perversion of one or more of its psychical functions." †

"Disorder of brain" and "morbid conditions of the brain" are such general terms as to include all conditions, even those usually called reflex, giving rise to insanity; but the definitions also embrace too much, for they clearly include the delirium of starving, drunkenness, and of many of the acute febrile conditions as well of the brain as of other organs. No one, for instance, would be justified in calling the raving of brain fever or pneumonia insanity, and yet the conditions (as defined above) of irresponsibility exist. It has been proposed to get over the difficulty by limiting the word insanity to permanent disorders of the cerebral faculties, carefully avoiding even the expression in transient attacks. If this could be done, a great gain would be got in

* Responsibility in Mental Disease. By Henry Maudsley, M. D. International Series. New York, 1874.

† Dr. J. Batty Tuke in the Edinburgh Medical Journal, November, 1874.

many ways; for there are many forms of mental disease of short duration, pursuing a definite course and self-limited, like typhoid fever, in which the recovery is complete, and in which the purely physical symptoms are very slight. Again, in the recurrent forms of "insanity," with entirely healthy intervals, there are many reasons for supposing that we deal with successive attacks of a malady, where, as in bronchitis, the diseased organ recovers wholly its tone, rather than with a fixed malady like syphilis, where, even with quite long intervals of apparent health, the disease cannot always be said to be cured, beyond possibility of reäppearance or of transmission to offspring, until death.

Still, if the above definitions, unsatisfactory as they are, could be insisted on, many of the disputes between the lawyers and the doctors would settle themselves. Men trained in medicine and in exact scientific observation would then testify as to the pathological condition of a given individual whose sanity is questioned, and other men, trained in a different way and accustomed to take a broader view of social questions, would decide as to the limitation of responsibility.

Massachusetts Statistics and Asylum Accommodation.

The number of the insane known to the officials and under the care of the State increases from year to year in all countries. We have no absolute statistics, by which we can say how far this increase is apparent and how far it is real; that is, whether the actual proportion of recent cases to the population is greater from year to year. The life-saving influence of better medical skill, and the more humane views of the people at large, have undoubtedly tended to very much prolong life in chronic diseases. We do not now leave the sick and the lame by the wayside to die. The natural result is, that there are more invalids of all classes, many of whom marry unwisely and beget debilitated offspring to still further increase the number.

The following table shows the number of the insane in our asylums in Massachusetts at the end of each year since 1820, and the rate per 100,000 of the population for the census years:—

Years.	Patients at end of year.	Patients per 100,000 of the population.	Years.	Patients at end of year.	Patients per 100,000 of the population.	Years.	Patients at end of year.	Patients per 100,000 of the population.
1820, . .	50	9.55	1839, . .	337	-	1858,[4] .	1,131	-
1821, . .	28	-	1840,[2] .	457	61.99	1859, . .	1,205	-
1822, . .	42	-	1841, . .	476	-	1860, . .	1,361	110.55
1823, . .	54	-	1842, . .	474	-	1861, . .	1,503	-
1824, . .	51	-	1843, . .	495	-	1862, . .	1,497	-
1825, . .	54	-	1844, . .	530	-	1863, . .	1,557	-
1826, . .	55	-	1845, . .	632	-	1864, . .	1,403	-
1827, . .	57	-	1846, . .	667	-	1865, . .	1,412	111.44
1828, . .	69	-	1847, . .	723	-	1866,[5] .	1,643	-
1829, . .	65	-	1848, . .	752	-	1867, . .	1,752	-
1830, . .	69	11.34	1849, . .	816	-	1868, . .	1,846	-
1831, . .	68	-	1850, . .	845	84.97	1869, . .	1,824	-
1832, . .	64	-	1851, . .	898	-	1870, . .	1,901	130.44
1833,[1] . .	181	-	1852, . .	977	-	1871, . .	1,923	-
1834, . .	198	-	1853, . .	979	-	1872, . .	1,942	-
1835, . .	196	-	1854,[3] .	1,071	-	1873, . .	1,996	-
1836, . .	209	-	1855, . .	1,029	90.87	1874, . .	2,134	-
1837, . .	271	-	1856, . .	1,082	-	1875, . .	2,195	132.88
1838, . .	311	-	1857, . .	1,082	-			

[1] Worcester Asylum opened. [2] South Boston Asylum opened. [3] Taunton Asylum opened. [4] Northampton Asylum opened. [5] Insane department in almshouse at Tewksbury opened.

The next table shows for each year since 1832, the number of admissions to our asylums (excluding transfers) and the number of *acute cases; i. e.*, those who had been ill not over a year. This latter division is not perfect, but is sufficient for

Years.	Admissions.	Acute Cases.	Years.	Admissions.	Acute Cases.	Years.	Admissions.	Acute Cases.
1832, . .	94	44	1847, . .	488	275	1862, . .	693	344
1833,* . .	256	91	1848, . .	490	247	1863, . .	697	344
1834, . .	237	115	1849, . .	511	251	1864, . .	686	332
1835, . .	196	104	1850, . .	487	267	1865, . .	674	345
1836, . .	231	99	1851, . .	519	252	1866,* .	899	427
1837, . .	288	137	1852, . .	506	265	1867, . .	975	431
1838, . .	315	149	1853, . .	474	227	1868, . .	920	452
1839, . .	311	155	1854,* .	593	309	1869, . .	968	510
1840,* . .	442	165	1855, . .	586	280	1870, . .	1,108	516
1841, . .	367	182	1856, . .	627	352	1871, . .	1,121	712
1842, . .	377	206	1857, . .	662	377	1872, . .	1,138	686
1843, . .	398	205	1858,* .	673	344	1873, . .	1,088	587
1844, . .	424	242	1859, . .	749	378	1874, . .	1,144	556
1845, . .	433	230	1860, . .	817	438	1875, . .	1,102	610
1846, . .	469	263	1861, . .	846	412			

our present purpose. The years in which new asylums were opened are marked with an asterisk. For the eight successive quinquennial periods, beginning with 1836, the proportions of acute cases to admissions have been 44.42, 53.28,

53.29, 49.74, 53.54, 49.42, 47.96, 56.34. The acute cases from the South Boston Asylum are not included in the last twenty years, as there were no records by which they could be readily got; they would make the percentage of acute cases slightly greater for the last four quinqennial periods.

We cannot, indeed, say definitely just how much influence this conservation and prolongation of life has in increasing the number of our insane; and the cure-rates in asylums are estimated on such different bases by different individuals, and our statistics are otherwise so incomplete, that we should not learn much from considering them with reference to this point. But it is clear that the number of curable cases existing in the State is less in proportion to the whole number from year to year. On the other hand, under the influence of increased confidence on the part of the public, a larger part of the insane of all classes are admitted to our asylums each year, while the incurable cases accumulate, so that the ratio of recoveries *seems* less; and this fact explains many otherwise puzzling statistics of our insane asylums.*

If this view be correct, the annual rate of increase must at some time diminish and finally cease to be anything; and "it is worthy of remark that the total increase of the past year [1875] over the preceding one has been less than in any other year" since 1859 in England,† covering the period (eighteen years) during which full statistics have been kept. Perhaps the extreme point has been reached there.

According to Dr. Jarvis's accurate and exhaustive report to the Legislature in 1855, there were then in Massachusetts, 2,632 insane and 1,087 idiots, with a population of 1,132,369. By the census of Massachusetts, in 1875, there were 3,637

* A good illustration of this fact is found in the statistics of the only insane asylum in Maine for the three decades and a half of its existence, from 1840 to 1875, where the increasing death-rate and diminishing cure-rate indicate the change in the character of the patients admitted and treated:—

TIME.	Number of Patients Admitted.	Proportion of Cures to Admissions.	Proportion of Deaths to Admissions.
First decade,	1,064	42.10	7.80
Second decade,	1,185	40.75	17.80
Third decade,	1,374	40.32	23.28
Fourth period, one-half decade,	953	36.41	25.81

† Thirtieth report of the Commissioners in Lunacy, page 2.

insane and 1,340 idiotic—with a population of 1,651,912. During the year 1875, there were about 3,800 insane reported to the Board of State Charities, so that the numbers in the census returns must fall somewhat short of the truth.

By Dr. Jarvis's statistics there was one insane person to every 430 of the population; by the census of 1875, not so many; namely, one in 454. If the ratio were the same as in 1855, our present number of the insane would be 3,842. It can hardly fall far short of 4,000.

September 30, 1875, there were 2,722 under the supervision of the Board of State Charities:—

In state hospitals,	1,842
corporate and private and county hospitals,	441
the workhouse,	46
the state prison,	2
At Monson,	1
In the care of overseers of the poor outside of hospitals,	390

All of our state hospitals are crowded, and considerably less than half of our insane can be treated in them, even in that condition, while we are building two new asylums, which will, by crowding, accommodate at most 1,000 more. When these are finished we shall have provision by the State for about 2,600, or nearly two-thirds of our insane, without overcrowding. The McLean Asylum and the City Asylum at South Boston will accommodate together nearly 400; so that, if hospital provision is needed for three-fourths* of our insane (or 3,000), the State really needs to provide for 2,600; to do which, even if we do not allow for any increase in the numbers to be cared for in institutions, the old asylum at Worcester and at South Boston will probably be needed, unless we adopt some new plan of provision for the insane. Otherwise, the wards of our asylums will soon be filled to overflowing; and this overcrowding, to be found pretty much over our whole country, increases excitement in the patients, and renders their classification and management much more difficult. Massachusetts is as well provided as any State, probably, in this respect; and yet there are now in our

* This is somewhat less than are provided for in Scotland and England in asylums and departments for the insane of workhouses.

asylums 500 more patients than can be properly accommodated in them.

Very few of our States, indeed, have provided sufficient hospital accommodation for their insane, and we may well take a lesson from their experience. In regard to this point, Dr. Mark Ranney, the well-known superintendent at Mount Pleasant, Iowa, writes:—

"In every State in the Union, the attempt or prevailing custom of keeping the common or ordinary pauper and the insane in the same poorhouse, with the prevailing want of proper separation and classification, has been a scandal and a reproach.

"The fact that the two hospitals for the insane in this State, with a capacity suitable for only 550, contain to-day about 865 patients, while there are at least, or not far from, 1,200 insane, is of itself sufficient evidence that there are not adequate provisions for the insane in this State. In this particular, however, I do not suppose we are much behind many or most other States, the newer as well as the older. Like some other States, Iowa has provided for the building of a very expensive hospital,—unnecessarily expensive in my opinion,—now about half completed, which will cost about $1,000,000, or about $2,000 per patient.

"I apprehend that this great outlay will have the effect, as similar outlay elsewhere has had, in the opinion of some, to prevent adequate provision being made of a cheaper but in every way suitable character. It has long seemed to me very inconsistent to provide so expensively for one-half of the insane and doom the other half, equally deserving, to poorhouses or receptacles that at the best are no better than they should be, or to severe struggles with want and privation in the hands of their friends. I have yet to see reason to believe that a hospital costing $2,000 per head will be more conducive to the recovery of patients from insanity than one costing only $1,000, or even less."

Dr. Andrew McFarland of Illinois, an alienist of large experience, says:—

"The history of the relation of the State to the insane here is soon told, and probably has its counterpart in most other States. In 1847, Miss D. L. Dix, after extensive exploration, drew a most appalling picture of the condition of the insane in the State, which she embodied in a memorial to the Legislature. The establishment of a state hospital followed, which was opened in 1851. But it filled up at once, with no perceptible relief to the accumulating mass.

The State was slow in proceeding further, and soon the picture of 1847 might have been drawn in even darker colors. By 1867 the accommodations were doubled, *and still no relief.* We now have three state hospitals, first-class in size, with a county asylum near Chicago, equal in capacity; yet with all this, we *get no apparent relief.* It is not surprising that intelligent legislators ask, 'How long is this to go on, and are you sure your lead is in the right direction?'"

Dr. C. F. McDonald, superintendent of the asylum for the criminal insane at Auburn, N. Y., writes:—

"'Overcrowded' seems to be the fixed condition of almost every insane hospital in the country. In looking over the reports of American institutions for the insane, one is struck with the fact that in almost none is the subject of overcrowding not considered. In fact, allusion to the topic is so common, that I have come to doubt if we shall ever see the time when we can say, 'Our provisions for our insane population are adequate.'"

And Dr. A. Reynolds, of the state asylum at Independence, Iowa, adds:—

"No state west of the Alleghanies has adequate hospital capacity for her insane. Until hospitals are built at a less cost per capita than $1,000, it is useless to talk of providing for all the insane of the State."

Supervision by the State.

Committal to Asylums.

The late Dr. Samuel G. Howe, after twenty years' official relation with some of our public establishments for the insane, and after ten years' experience as visitor to all the state hospitals of Massachusetts, said: * "All human institutions are, of course, liable to abuse, but our Massachusetts hospitals for lunatics are as well guarded against them as any public establishments with which I am familiar"; and again, "there are rather too many than too few difficulties in the way of committal" of patients to insane asylums in our State.

Although a different position is held in the report of the commissioners of lunacy, appointed for a single year, who

* Boston Daily Advertiser, March 22, 1873.

reported to the Legislature, January, 1875, there are no facts given there in support of that opinion; but recent investigations at Tewksbury and at Westborough seem to indicate that there is fault either in the laws or in their execution.

Improper Committals.

It has been urged before our legislatures, that many persons insane and not insane are improperly confined in our asylums, and that many complaints are made by patients which could best be attended to by an impartial commission.

As to improper confinements, our superintendents have testified that they are rare, soon discovered, and promptly set right. They must occur occasionally, so long as human judgment is fallible, but no wisdom or foresight can always prevent them. The very professor of mental disease, some years ago, in one of the first German universities, with the benefit of a consultation of the hospital staff, was committed to an insane asylum when suffering from typhoid fever.

In looking over a pile of American reports, the first two in which I find any mention of this point are from Utica, N. Y., and Dixmont, Penn., justly considered as among our best institutions. In the asylum at the former place, of 11,831 patients admitted from 1843 to 1875, 175 were found not to be insane. Of 2,981 consecutive admissions at Dixmont there was no insanity in ten cases. But in all these cases, which included dipsomaniacs, opium-eaters, and others suffering under some form of delirium, there was not one of intentional deception or illegal committal.

In some forms and degrees of mental disease, no more perplexing questions come before the expert than *whether* to send to asylums, *when* to send to asylums, and *when* to advise removals; and here there is room for very wide differences of opinion. The only thing we can do is to provide as many safeguards as possible, the greatest of which is in the high character of our superintendents. These men should have large powers, duly guarded, should be held to a strict accountability, and should be trusted by the officers of the State, in order that they may get the confidence of their patients.

More or Better Supervision Needed.

Without maintaining that, with all the supervision now got by the patients in our Massachusetts asylums, there is need of another commission to still further protect their rights (a need which is now urgently felt in some of our States), it can hardly be doubted that great benefit would arise from more system and better methods in such inspection. The advantages of well-organized supervision cannot be better stated than in the experience of a State which has already tried the experiment. By a law passed in 1876, all the asylums (of all kinds) in Kansas were placed under one board of trustees; and in their report on the insane asylum at Ossawatomie, they say,—

"It gives a uniform direction to their management; . . . it enables them to compare the advantages and disadvantages of the different systems of management, and to abolish the evil and ingraft the good features thereof into each to their benefit; it occasions a close scrutiny of the condition and requirements of each, . . . *and it has resulted in a large reduction of the expense.*" *

One of the most distinguished alienists in England said, after carefully visiting thirteen of our asylums, and studying our customs pretty thoroughly,—

"Unless I am much mistaken, the superintendents of asylums in America have a heavy task before them, which will indeed require a determined effort before they can say that they possess the confidence of the public in the same degree to which of late years it has been extended, in England, to the management of our county asylums and hospitals for the insane. With us, the management of our asylums is open and patent. Abuses occur, as they will occur everywhere; but they are remedied, and, if need be, punished in the most public manner, and the records of them are displayed to the world." †

Uses of a Commission.

There are many particulars, indeed, beyond protection of the rights of the insane, in which a properly constituted commission, if wisely selected, might be of use, especially in collecting facts and diffusing information for the use of the

* The asylum now building at Topeka for the insane will cost less than one-fourth as much per patient as some of those recently built in other States.

† The Lancet. London, 1876.

public; for insanity is, as Sir James Coxe says, a disease of ignorance; and our chief reliance in arresting its progress must be in an increase of knowledge among those who may be considered liable to it. The public has the right, too, of knowing just how asylums are conducted; and the fact that the affairs of all of them were to be open to inspection, would tend to increase popular confidence in their management.

False Position of American Association.

The American Association of Superintendents have opposed lunacy commissions. They refer to the humiliating story of our Indian commissions, etc., and think that such a body as is likely to be appointed at Washington would be of negative use, or do at least as much harm as good,—an argument which, unfortunately, must be acknowledged to have very great weight. They assume, too, that the State would do unwisely to interfere with the absolute control, which they think superintendents of insane asylums should have over those committed to their charge. They say: *—

"If the time shall ever come when the Legislature, in its zeal for the public good, shall establish a board of officers to supervise the medical practice of the State, with power to enter every sick man's chamber, to inquire respecting the medicine and diet prescribed, and any other matter connected with his welfare, and report the results of their examination to the constituted authorities, then it may be proper to consider the propriety of extending the same kind of paternal visitation to the hospitals for the insane."

Whatever opinion we may have as to the necessity of governmental supervision, there can never be any analogy between the two cases until our laws are very different from those now in force. A sick man, in his chamber, is surrounded by his dearest friends and relatives, who sacrifice their own comfort to his needs. In the asylum, his wants are administered to exclusively by those who are paid to do so; he cannot select his physician, he cannot change his nurse, he cannot order his food or discharge his cook, and often does not communicate with his friends for many weeks.

It is difficult to conceive that such a position could be taken, except from a very narrow standpoint, and with an undue

* Resolutions, 1874.

sensitiveness as to public opinion. It would not be likely, for instance, in a society like the British Medico-Psychological Association, composed of medical superintendents, assistant physicians in asylums, physicians in general practice, justices of the peace, and lawyers.

Complaints of Discharged Patients.

The complaints of discharged patients and of patients in asylums, if investigated by a fair commission, might be more satisfactorily disposed of than at present, and would often relieve the superintendents of undeserved censure. To give full and not undue weight to such complaints would require an intimate knowledge of mental disease, and a familiarity with the history of the complainant which the public cannot get. They are often plausible, frequently trivial, and arouse the sympathies of philanthropic people to a degree not always proportionate to their importance, although sometimes far otherwise. The really sensible criticisms which one gets on our asylums come chiefly from persons who have recovered, and who avoid rather than seek notoriety.

For the purpose of considering the bearing of this question, discharged patients may be classified as follows: 1st. Those who have recovered, and whose minds were clear enough, during a considerable part at least of their illness, to have received clear impressions of what was going on about them, and who have remembered with tolerable accuracy,—by no means an insignificant number. 2d. The same as the above, except that they have not remembered. 3d. Those who have recovered, and whose minds were absolute blanks during the time of their severe illness, so that they remember absolutely nothing of that time, and more or less imperfectly of their period of convalescence. 4th. Those who have recovered, and whose impressions during a large part of their residence in the asylum were more or less tinged by their own delusions; of whom some finally recognize the delusional character of their previous ideas, and others never do so, although in other respects perfectly well.

There are four other classes corresponding to these, with the single difference that they have never recovered.

It would be very unjust and untrue to say that there are not many discharged patients from insane asylums whose testimony and general statements are fully as trustworthy as those of other people. But there are many others also, from whose minds the false impressions once made are not removed, and it is often a matter of the greatest difficulty for even an expert to decide between the two.

The superintendents of the asylums might easily dispose of many loud accusations and complaints by publishing a few pages from their records, and showing to the public the real facts in such cases. This, however, their sense of honor forbids their doing, for their patients' secrets are held by them as a sacred trust.

The impression which is sometimes given, that the mere fact of a discharged patient's making complaints or criticisms in regard to asylum management is *ipso facto* evidence of incomplete recovery, and that those entirely well always speak favorably of everything that happened to them during their illness, does not need consideration here.

Best Supervision.

The best supervision consists in frequent visits of friends of patients, and this has lately been done to a great extent, particularly in asylums of the McLean type, although begun and extensively adopted nearly twenty years ago under Dr. Walker at the South Boston Asylum, and now considered by many of our superintendents as one of the most important points to be thought of in locating new asylums. Dr. Clouston of Edinburgh thus speaks of this important matter in his report for 1875 :—

"We are in this peculiar and almost unique position in Scotland, that while our number of yearly admissions increases, our numbers left at the end of the year have diminished for the past three years. There are several causes for this. Our recoveries are very numerous, and a large number of unrecovered but quiet cases are removed, at my advice, by their friends. Our proximity to town and the extraordinarily ready access provided by the tramways are circumstances which most people, and among them many high authorities in lunacy matters, would consider great disadvantages. Their effect

is to bring the relatives of our poorer patients out to the asylum to visit them, to an extent quite unknown in country asylums. In this way, an interest in them is kept up, and very few of them indeed are forgotten and neglected by their kith and kin. This is an influence which often saves them from falling into incurable insanity; it gives many of them unbounded pleasure, it keeps alive home feelings and associations, and it brings a direct public opinion of the most unsleeping and critical kind to bear on the officers and attendants of the institution—all matters of incalculable importance and much difficulty of attainment.

"When the relatives see that the acute symptoms have passed off, they are often disposed to take them out for a day or two to see how they get on. If this succeeds they try them at their usual employments, and, if they do well, are often anxious to have them home altogether. It is by this most natural of all means that any undue accumulation of the incurably insane has been avoided for the past three years, and the problem of how to provide for such, which is so urgent in many parts of the kingdom, has been solved for us at no cost to the rates whatever. I find from the report of the commissioners in lunacy that Edinburgh is the only county in Scotland the majority of whose population is urban, where the numbers of the registered insane, whether in asylums or not, have absolutely diminished for the last three years."

Another beneficial result of this frequent visitation is noted in higher standards of excellence, and consequently increased confidence of the community. In commenting on the fact that 1,026 patients were treated in the year passed (1875), *without the occurrence of a single suicide, untoward accident, or case of epidemic disease*, although extensive alterations in the asylum were making, the report continues:—

"In addition to the requisites of a good ordinary hospital, in the way of light and air, ventilation and cheerfulness, sanitary apparatus and baths, and convenience of administration, we require extended and varied means of occupation and amusement, day-rooms, dining-rooms, and workshops of all kinds, extensive gardens and farms, pleasure-grounds, and billiard-rooms, etc. The extreme importance of the curative aspect of the institution, as distinguished from its boarding-house character, *is amply attested by the enormous and increasing number of admissions of recent cases.*"

This statement may well be considered carefully, where decreased confidence on the part of the community is com-

plained of as a cause of fewer admissions of acute cases.* Can we not, too, in some such way, reduce the accumulation of chronic cases in our public institutions and diminish that unfortunate class described by Maudsley as "asylum-made lunatics"?

Good Asylums, as a Rule, Better than Homes.

The first patient admitted to a Massachusetts insane asylum was a person brought by his own father, who thought the young man to be possessed of a devil, and whose treatment consisted in whipping him. From that day to this, although the ideas of the people have very much changed and more enlightened views prevail, no one familiar with the insane can, I think, for a moment doubt that they often are treated with more uniform consideration and kindness in our best asylums than by their own friends in their own homes. Individual and striking illustrations of this statement are constantly brought under the observation of the officers of asylums.

It is the opinion of asylum superintendents, too, almost universally throughout the country, that, taking all things into consideration, treatment in an asylum gives the most chances of a cure † in the majority of cases, in spite of the fact that, as they are now constructed, the good of the individual must be occasionally sacrificed to conform to requirements deemed necessary for others, but not needed by him.

We must not think, however, that an asylum, as now existing, is the only thing possible or the best thing practicable in

* The fact is that the two are not necessarily at all connected. If the community simply learn to trust asylums more, they will send more of their friends to them, until they are full; if they learn, also, that the chief object of the asylum is curative, that the wards are not crowded to excess with inmates who would be better off elsewhere, and that the idea in treatment is to keep people out of asylums, as far as is practicable, they will act accordingly.

† This opinion is, of course, entitled to great weight; but the statistics upon which it is sometimes based do not prove the fact. It is stated, for instance, that of those who enter an asylum early, from seventy to ninety per cent. are cured, and in a short time; while the others are incurable just about in proportion as their friends delay sending them to asylums. If, in similar way, we grouped all pulmonary diseases together, we might prove that a large proportion of cases of pleurisy and lung fever get well because the symptoms in those diseases are early severe enough to make hospital treatment or rest in bed necessary, and that consumptives never get well because they never seek hospital treatment until progressive weakness compels them to do so, or until the disease is far advanced,—a manifest *reductio ad absurdum.*

all cases. Florence Nightingale, in 1876, summed up her great experience in these words, "Hospitals are but an intermediate stage of civilization. At present, hospitals are the only place where the sick poor can be nursed, or, indeed, often the sick rich. But the ultimate object is to nurse all sick at home." Sir James Simpson devoted the ripest years of his life to opposing the agglomeration of disease of all kinds. Sir James Coxe, after forty years' active work in the medical profession, and nearly twenty years on the lunacy commission of Scotland, attaches no therapeutic value to insane asylumns, but regards them simply as conveniences. Professor Meynert tells the physicians from all parts of the world, who listen to his lectures in Vienna, that something is lost in all cases although more is generally gained, in sending an insane person to an asylum. Maudsley, Blandford and others treat even some of the most violent forms of mental disease in private houses in those rare cases when the circumstances, surroundings and associations of their patients are such that they can command anything that is needed for their proper treatment; and cures are often more rapid thus. The cases are decidedly the smaller number, however, where home treatment of insanity can be recommended, and the points in which our asylums excel are growing more from year to year.

Project of a Law.

The American Association of Superintendents, a half-dozen years ago, prepared a project of a law, which has become a statute in Pennsylvania, giving their views upon this general question. So far as they go they are admirable, and are given here entire as dealing with an important subject:—

"The Association of Medical Superintendents of American Institutions for the Insane, believing that certain relations of the insane should be regulated by statutory enactments calculated to secure their rights and also the rights of those intrusted with their care, or connected with them by ties of relation or friendship, as well as to promote the ends of justice, and enforce the claims of an enlightened humanity, for this purpose recommend that the following legal provisions be adopted by every State whose existing laws do not already satisfactorily provide for these great ends:—

"1. Insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives or friends, in case they have no guardians; but never without the certificate of one or more reputable physicians, after a personal examination, made within one week of the date

thereof; and this certificate to be duly acknowledged before some magistrate or judicial officer, who shall certify to the genuineness of the signature, and to the respectability of the signer.

"2. Insane persons may be placed in a hospital, or other suitable place of detention, by order of a magistrate, who, after proper inquisition, shall find that such persons are at large, and dangerous to themselves or others, or require hospital care and treatment, while the fact of their insanity shall be certified by one or more reputable physicians, as specified in the preceding section.

"3. Insane persons may be placed in a hospital, by order of any high judicial officer, after the following course of proceedings, viz.: On statement in writing, of any respectable person, that a certain person is insane, and that the welfare of himself, or of others, requires his restraint, it shall be the duty of the judge to appoint, immediately, a commission who shall inquire into and report upon the facts of the case. If, in their opinion, it is a suitable case for confinement, the judge shall issue his warrant for such disposition of the insane person as will secure the objects of the measure.

"4. The commission provided for in the last section shall be composed of not less than three, nor more than four persons, one of whom, at least, shall be a physician, and another a lawyer. In their inquisition they shall hear such evidence as may be offered touching the merits of the case, as well as the statements of the party complained of, or of his counsel. The party shall have seasonable notice of the proceedings, and the judge is authorized to have him placed in suitable custody while the inquisition is pending.

"5. On a written statement being addressed by some respectable person to any high judicial officer, that a certain person, then confined in a hospital for the insane, is not insane, and is thus unjustly deprived of his liberty, the judge, at his discretion, shall appoint a commission of not less than three, nor more than four persons, one of whom, at least, shall be a physician, and another a lawyer, who shall hear such evidence as may be offered touching the merits of the case, and, without summoning the party to meet them, shall have a personal interview with him, so managed as to prevent him, if possible, from suspecting its objects. They shall report their proceedings to the judge, and if, in their opinion, the party is not insane, the judge shall issue an order for his discharge.

"6. If the officers of any hospital shall wish for a judicial examination of a person in their charge, such examination shall be had in the manner provided in the fifth section.

"7. The commission provided for in the fifth section shall not be repeated, in regard to the same party, oftener than once in six months; and in regard to those placed in a hospital under the third section, such commission shall not be appointed within the first six months of their residence therein.

"8. Persons placed in a hospital under the first section of this act may be removed therefrom by the party who placed them in it.

"9. Persons placed in a hospital under the second section of this act may be discharged by the authorities in whom the government of the hospital is vested.

"10. All persons, whose legal status is that of paupers, may be placed in a hospital for the insane by the municipal authorities who have charge of them, and may be removed by the same authority, the fact of insanity being established as in the first section.

"11. On statement in writing to any high judicial officer, by some friend

of the party, that a certain party placed in a hospital under the third section is losing his bodily health, and that consequently his welfare would be promoted by his discharge, or that his mental disease has so far changed its character as to render his further confinement unnecessary, the judge shall make suitable inquisition into the merits of the case, and according to its result, may, or may not, order the discharge of the party.

"12. Persons placed in any hospital for the insane may be removed therefrom by parties who have become responsible for the payment of their expenses; provided that such obligation was the result of their own free act and accord, and not of the operation of law, and that its terms require the removal of the patient in order to avoid further responsibility.

"13. Insane persons shall not be made responsible for criminal acts in a criminal suit, unless such acts shall be proved not to have been the result, directly or indirectly, of insanity.

"14. Insane persons shall not be tried for any criminal act during the existence of their insanity; and for settling this issue one of the judges of the court by which the party is to be tried shall appoint a commission, consisting of not less than three, nor more than five persons, all of whom shall be physicians, and one, at least, if possible, an expert in insanity, who shall examine the accused, hear the evidence that may be offered touching the case, and report their proceedings to the judge, with their opinions respecting his mental condition. If it be their opinion that he is not insane, he shall be brought to trial; but if they consider him insane, or are in doubt respecting his mental condition, the judge shall order him to be placed in some hospital for the insane, or some other place favorable for a scientific observation of his mental condition. The person to whose custody he may be committed shall report to the judge respecting his mental condition, previous to the next term of court, and if such report is not satisfactory, the judge shall appoint a commission of inquiry, in the manner just mentioned, whose opinion shall be followed by the same proceedings as in the first instance.

"15. Whenever any person is acquitted in a criminal suit, on the ground of insanity, the jury shall declare this fact in their verdict; and the court shall order the prisoner to be committed to some place of confinement for safe-keeping or treatment, there to be retained until he may be discharged in the manner provided in the next section.

"16. If any judge of the highest court having original jurisdiction shall be satisfied by the evidence presented to him that the prisoner has recovered, and that the paroxysm of insanity in which the criminal act was committed was the first and only one he had ever experienced, he may order his unconditional discharge; if, however, it shall appear that such paroxysm of insanity was preceded by at least one other, then the court may, in its discretion, appoint a guardian of his person, and to him commit the care of the prisoner, said guardian giving bonds for any damage his ward may commit: *provided, always*, that in case of homicide, or attempted homicide, the prisoner shall not be discharged unless by the unanimous consent of the superintendent and the managers of the hospital, and the court before which he was tried.

"17. If it shall be made to appear to any judge of the supreme judicial court, or other high judicial officer, that a certain insane person is manifestly suffering from the want of proper care or treatment, he shall order such person to be placed in some hospital for the insane at the expense of those who are legally bound to maintain him.

"18. Application for the guardianship of an insane person shall be made

to the judge of probate, or judge having similar jurisdiction, who, after a hearing of the parties, shall grant the measure, if satisfied that the person is insane and incapable of managing his affairs discreetly. Seasonable notice shall be given to the person who is the object of the measure, if at large, and if under restraint, to those having charge of him; but his presence in court, as well as the reading of the notice to him, may be dispensed with if the court is satisfied that such reading or personal attendance would probably be detrimental to his mental or bodily health. The removal of the guardianship shall be subjected to the same mode of procedure as its appointment.

"19. Insane persons shall be made responsible, in a civil suit, for any injury they may commit upon the person or property of others; reference being had in regard to the amount of damages to the pecuniary means of both parties, to the provocation sustained by the defendant, and any other circumstance which, in a criminal suit, would furnish ground for mitigation of punishment.

"20. The contracts of the insane shall not be valid, unless it can be shown either that such acts were for articles of necessity or comfort, suitable to the means and condition of the party, or that the other party had no reason to suspect the existence of any mental impairment, and that the transaction exhibited no marks of unfair advantage.

"21. A will may be invalidated on the ground of the testator's insanity, provided it be proved that he was incapable of understanding the nature and consequence of the transaction, or of appreciating the relative values of property, or of remembering and calling to mind all the heirs-at-law, or of resisting all attempts to substitute the will of others for his own. A will may also be invalidated on the ground of the testator's insanity, provided it be proved that he entertained delusions respecting any heirs-at-law calculated to produce unfriendly feelings towards them."

Dr. Bucknill's Letter.

There is another point in regard to the supervision of the insane, which has not been considered by the writer, but which may become of importance, as our communities grow in wealth, if indeed it is not such already. It is a matter which the customs of England made necessary in very early days; and, although we should not be likely to adopt precisely the same method to accomplish such an end, it has seemed best to give an account of what has been done there in the following interesting and important letter from Dr. Bucknill, for many years Lord Chancellor's Visitor, and still earlier a superintendent of large experience:—

"39 Wimpole Street, W. London,
"November 28, 1876.

"My Dear Sir:—You have set me by no means an easy task, but I will endeavor to give you at least a sketch of the function of the Lord Chancellor's Visitors of Lunatics.

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"It seems quite correct to say that the charge and control of the Lord Chancellor over lunatics is derived from feudal custom, under which the Crown assumed, as part of its prerogative, the care and custody of those who from want of understanding were incapable of taking care of themselves. This royal prerogative existed before the statute of 17 Edward II., called Prerogativa Regis, which is declaratory only. [See Elmer's Practice in Lunacy.] And although Elmer thinks that the sovereign acted in this matter as *parens patriæ*, it seems more probable that this power was assumed as the head or chief of the military force. A lunatic vassal not being able to render that service upon which the tenure of his land depended, in consequence of his being *non compos mentis*, the sovereign assumed, for the time being, the direct control of his property, most property in those ages being in the form of landed possessions.

"I do not think that I need trouble you with any account of the manner in which the Crown deputes its authority over lunatics, under the sign manual, to the Lord Chancellor, assisted in later years by the Lords Justices of Appeal, nor with the somewhat nice and difficult question of the point where matters in lunacy cease to be under the royal prerogative and come under the ordinary jurisdiction of the Court of Chancery.

"The control and custody of lunatics by the Lord Chancellor under the sign manual, is now regulated by several Acts of Parliament, called the Lunacy Regulation Acts. The earliest of these is dated July 24, 1833; the second, August 15, 1853; and the third and last, August 7, 1862.

"The most important officials whose powers are created and defined under these Acts are the masters in lunacy, whose duty it is to preside, as judges under the great seal, at all inquiries as to the soundness or unsoundness of mind of any person alleged to be of unsound mind and incapable of taking care of himself and his affairs. This inquiry is called an inquisition, and takes place in consequence of an order to that effect of the Lord Chancellor, which order is the result of a petition from some person or persons interested, or of information given to the Lord Chancellor, that a certain person, being of unsound mind, has property which is not properly protected.

"In the initial stage, all these proceedings have reference to the care of the property, rather than to that of the person of the lunatic. After the person has been found lunatic by inquisition, the master has to ascertain what property he possesses, and who are interested in it as the heir-at-law and the next of kin. They have to devise a scheme for the proper care and expenditure of the property, and for the proper care and treatment of the lunatic, and for this purpose they nominate two very important officials in each case, who are

respectively called the Committee of the Person and the Committee of the Estate. As a general rule, the Committee of the Person is the next of kin or some one who has an interest in the continuance of the life of the lunatic, while the Committee of the Estate is the heir-at-law, who naturally has a strong interest in the protection of the property, and, as may be expected, these interests very frequently conflict.

"The Committee of the Estate receives the proceeds of the property, hands over to the Committee of the Person so much of it as he may be ordered to do by the court, for the maintenance of the lunatic, and accounts for the whole to the Master in Lunacy.

"The Committee of the Person has the charge and care of the lūnatic and of his treatment. He ought to expend upon his care, treatment, comfort and pleasure the whole of the moneys he receives for that purpose. He enjoys a very wide liberty and choice as to the manner in which he discharges the duties he has undertaken, and he is exempted, in many important respects, from the operation of the lunacy laws as they apply to persons who are of unsound mind, but have not been so found by inquisition; for instance, he has the power of placing the lunatic in any asylum without medical certificates. It is the main function of the Lord Chancellor's Visitors to ascertain the manner in which the Committee of the Person discharges his duties and to report them to the Lord Chancellor.

"The appointment and powers of the Visitors were first enacted in 1833, 3 and 4 Guilielmi IV., under which, section second, two physicians and one barrister were appointed for the purpose of '*superintending, inspecting and reporting upon* the care and treatment of all persons found idiot, lunatic, or of unsound mind by inquisition.'

"The visits under this statute were only once a year, and the superintendence, therefore, could not be very stringent.

"Twenty years afterwards another statute, 16 and 17 Vic., cap. 70, further defined the duties of the Visitors, and constituted them into 'a board for their mutual guidance and direction in matters connected with the visitors of lunatics,' and at the same time subjecting them as to the times, rotation and manner of their visitations to the *general orders* of the Lord Chancellor, which general orders, often having been laid before Parliament and not having been objected to by Parliament, then acquired the force and validity of law.

"Such general orders were made and issued on the 12th of January, 1855, by Lord Cranworth, the then Lord Chancellor, with the advice and assistance of Lords Justices Knight, Bruce and Turner; and notwithstanding the important alterations made in

lunacy regulations by the statute of 1862, these general orders of 1855 still form a main part of the law under which the visitors must act.

"The second and third of these general orders are the most important, and are as follows:—

"'2. That the medical visitors of lunatics do on each occasion of visiting any lunatic, inquire and examine whether such lunatic is maintained in a suitable and proper manner, having regard to the then existing amount of the allowance ordered to be paid, and the then existing scheme approved of for the maintenance of such lunatic; and also, whether having regard to the then fortune and income of such lunatic it appears expedient that any, and what, addition should be made to his comforts, or any, and what, alterations should be made in the scheme for or manner of his maintenance.

"'3. That if the said visitors shall, on such inquiry and examination, consider that the lunatic is not maintained in such suitable and proper manner as is aforesaid; or that the allowance provided for his maintenance is not duly applied; or that any provision in the scheme for his maintenance, either for his personal comfort or enjoyment, or otherwise, is not duly observed; or that any addition to the comforts, or any alteration in the manner of the maintenance of the lunatic should be made, to which his then fortune or income is capable of providing, they shall forthwith make a special report, stating such their opinion, and the grounds thereof to the Board of Visitors.'

"The fourth order directs that the Board of Visitors shall consider the report made to them by the individual visitor, and, if they think fit, refer it to the masters, 'or take such other steps therein as may appear to them to be expedient.'

"The fifth order directs that the masters may investigate any such report, and make such report to the Lord Chancellor as they 'may deem proper.'

"In 1862, a new Act of Parliament was passed, under the old title of Lunacy Regulations, 25 and 26 Vic., cap. 86, by which the visitations to Chancery lunatics living in private houses were increased from once to four times a year, the duties of the visitors being left otherwise very much as they were fixed by the earlier statutes and defined by the general orders which I have quoted.

"These duties, as fixed by the statutes, by the general orders, and by the direction of the Board, may briefly be defined as follows: England and Wales are divided into three districts, each of which is taken by each visitor in rotation; that is to say, for two consecutive visits to patients living in private houses.

"Each patient living in a private house is visited once in each quarter of a year, each patient living in an asylum is visited once a

year. This distinction is made by the statute of 1862, no doubt, on the ground that all lunatics residing in asylums are also visited by the commissioners in lunacy and in the provinces by justices of the peace, acting, either as visitors of licensed houses or as visiting justices of county asylums, whereas lunatics residing in private houses are visited only by the Lord Chancellor's visitors.

"The visitors have to inquire and report upon these several heads: 1. The state of mind of the lunatic. 2. His bodily condition. 3. His care and treatment, having regard to the due provision of comforts ordered for him by the court and to the amount of his income.

"If everything is satisfactory on these heads, they have to report thereon to the Lord Chancellor direct; but if on the contrary, they have to make what is called a special report, which is made, in the first instance, to their board, by whom it is dealt with either; (1) by calling the committee before them, to whom the fault found is communicated, and by whom, in many instances, amendment is promised and carried out; (2) by referring the report to the masters, who have large powers of control over the committees, deputed to them by the Lord Chancellor; (3) by reporting directly to the Lord Chancellor himself.

"In the great majority of cases the special reports of the visitors have reference to some neglect of duty on the part of the Committee of the Person by which the lunatic suffers; and, in the event of the committee proving refractory to the reasonable demands of the visitors, the Lord Chancellor may, as a *dernier ressort*, dismiss him from his office. In a smaller number of cases the special report has reference to an inadequate allowance made from the estate for the maintenance of the lunatic, and in another class of cases the special reports have reference to the recovery of the lunatic, in which case the former lunatic has to present a petition to the court that his inquisition may be superseded. Such is the system which you ask me to explain,—not a very simple one I fear you will think,—but upon its merits or demerits I do not feel that I am in a position to offer an opinion.

"I am, my dear Doctor Folsom,
"Yours very sincerely,
"John Charles Bucknill."

Certain Asylum Needs.

Education in Hygiene.

It is a common opinion that purely mental exertion is the most common predisposing cause of disease of the mind,

especially when joined with any of the three "causes" most frequently assigned in the reports of our insane asylums; namely, heredity, intemperance, and ill-health. The first authorities, however, consider that such is not entirely the case; that emotional excitement, disappointed hopes, or some form of egoïsm are more frequently at fault, and that the best preventive of mental disease, even in those predisposed to it, is education, or wisely directed intellectual activity, leading to a knowledge of the proper ways of living.

Although essentially a disease of high civilization, and not prevalent largely where there is little competition for the prizes of life, or where the struggle for existence involves the exercise of muscles rather than of brains, insanity prevails most, other things being equal, where thought stagnates. Even Pinel speaks of its rarity among those professions giving exercise to the intellectual and not the emotional faculties.

"The more joints, the more rheumatism," was the apt criticism on one of those marvels of workmanship that lately came from the hands of one of our microscope makers. In like manner, as our civilization becomes more complex, as our capacities for enjoyment intensify, so is the keenness of our suffering sharpened, so do the requisites for moral, mental and physical health become more numerous; and, unless a sound education gives us a correspondingly greater knowledge of that wonderful mechanism, the human body, disease of all kinds must increase.

If, therefore, the mere healthy development of the brain in itself conduces to preserve its health, how doubly important that education becomes when it is made to teach general laws of nature, and the special course to be taken in each individual case to preserve bodily and mental health. But what is done in our high schools, our colleges, our medical schools, or even in our asylums, to accomplish such a desirable result? We must answer, almost absolutely nothing.

Even in our asylums, where the medical staff are busied with a multiplicity of routine duties, and have time for little else, the convalescents and sufferers from chronic illness not only do not get that information which many of them would gladly receive, and which would help them to maintain their

health to a sufficient degree to remain at home when discharged, but they are not even taught the evils of persisting in a diet which surely adds to their chances of a relapse, or in habits as regards exercise, clothing, ventilation, etc., which certainly do not promote health. As a natural consequence, it often follows that they go home, refuse advice, continue in their erroneous methods of living, follow a course whose logical result is a relapse or recurrent attack and return to the asylum with diminished chances of a permanent cure.

Of course, it is not meant to say that there are not many who will neglect all advice, others who are mentally incapable of sufficient persistent effort to follow wise counsel, and a certain number whose predisposition to disease is so great as to render them unable to bear the trials common to the lives of most people without breaking down; but experience justifies the statement that even with those who have had one attack of mental disease, a second may, in some cases, be warded off by wise methods of living.

Better Hospitals and Trained Nurses.

We recognize the fact that insanity is a disease of a purely material organ, and yet we go on building our hospitals for treating it essentially on the same plan as when they were simply regarded as prisons for confining persons dangerous to society; we do not provide a single ward* for the care ot those who need to be removed from the boisterous noise, occupation, and amusement, which are the only salvation for others to prevent their relapsing into incurable insanity; and more important still, although we have many excellent attendants, of whose faithfulness and intelligent devotion to their work it is impossible to speak without some degree of enthusiasm, we lack some system of training them for their work.†

* This is considered of great importance elsewhere. We find the following criticism by the Commission in Lunacy on an English asylum in 1875: "In connection with matters relating to the treatment of the sick, we desire again to draw attention to the want of a ward set aside as a hospital, and furnished with proper furniture and appliances for the patients laboring under bodily disease."

† In many establishments in France, as early as 1837, the attendants were required to have undergone a system of training previous to their appointment; and attendants were trained for other asylums at the retreat in York, forty years ago. In Scotland, the commissioners keep records of all attendants who have been discharged from any asylum for any gross fault, so that they cannot be employed again elsewhere, in ignorance of that fact.

In many of our asylums, we have not a single educated nurse* who knows how to care for any severe illness confining patients to their beds.

This difficulty of getting trained nurses and attendants is one of serious moment. A dozen years ago it was nearly impossible, and the systematic and thorough education of them for their work began only since the Crimean war. Dr. Bell's "Directions for Attendants" is the earliest treatise which I have been able to find devoted to this important subject. Dr. Woodward published a similar one for the Worcester Asylum in the same year (1839) several years before Conolly's "Teachings for Attendants on Lunatics," and a dozen years before Dr. Kirkbride's and Dr. Curwen's. Florence Nightingale's "Notes on Nursing" came much later. It is not likely that these books have been heard of by many of our attendants, and it is possible to count on the fingers of one hand the places where this matter is arranged on a generally satisfactory basis.

In two of the large hospitals of England (the London and St. Bartholomew's) the nurses have only lately been relieved of the scrubbing. In our asylums we expect one person to be nurse, attendant, night-watch, companion to the patient, and wash the windows and scrub the back-stairs, all for a less sum than we pay to a second-rate cook.

Dr. Maudsley and Dr. J. Crichton Browne have lately set on foot a plan for female nurses in male wards in insane asylums, and it is said "the presence of women nurses in the male wards is found to be much more effective in restraining outbursts of violence, abusive language and offensive habits than the presence of male nurses."

At the Mt. Hope Asylum, near Baltimore, the patients, nearly three hundred in number, are managed entirely by the sisters of charity. Physicians make regular morning visits, but none are resident. In each male ward there is one male attendant, subordinate to the two sisters in charge of that ward. The sisters say, themselves, that they have no serious trouble even with the most violent patients, and that, indeed, excitement in the men is even more readily quieted by them than by the male attendant. When visited, without warning,

* In many European hospitals there are both nurses and attendants.

by the writer a few months ago, the wards were in excellent order, quiet, and without that untidiness which is usually found where men have sole charge.

There are some admirable features about the asylum, which are certainly not common in this country. Some of the rooms of the convalescents and quiet chronic cases have windows without guards, as is the case in the passage-ways, in the pleasant chapel, entries, and in the cheerful entertainment hall, where patients likely to harm themselves or others never go without having attendants close at hand, if at all; a prison-like appearance is thereby avoided, wherever it seems easy to do so. The sisters devote themselves so closely to their charge, that they consider high fences and "airing-courts" also unnecessary. We might well learn an important lesson from their work, which has been going on quietly for nearly half a century, since it was begun under the wise and thoughtful direction of the late Dr. Steuart.*

In providing for the chronic, incurable insane, separating them from society, which is strong, and from the actually ill, who are weak, the Willard Asylum has proved a success; but nothing satisfactory has yet been done by us for those of the curable who are depressed by their ordinary surroundings in our asylums, as at present managed. Classification does not accomplish the desired result, where one roof covers such a diversity of disease and of mental condition; but it would be a great error and injustice to make curability alone the basis of division; for many of the chronic insane maintain their intelligence and self-respect, often help and cheer the curable, and would suffer if placed with dements. Those who are so far demented as to have lost their human identity should manifestly be kept away from the rest, just as much as from children or any others likely to be unfavorably influenced by association with them. With the comparatively small number whose condition is for a while a matter of some question, it would not be difficult to give them the benefit of the doubt.

* See page 19. The Mount Hope Hospital was built by the sisterhood who were originally in charge of the Maryland Hospital under Dr. Steuart.

Medical Education.

The matter of medical education is with us, at the present time, a most pressing one. Its importance has long been recognized. Governor Adair in his message to the General Assembly of Kentucky, in 1821, urged as one reason for the establishment of a state insane asylum, that it "would prove highly beneficial to the medical school, which would, in time, repay the obligation by useful discoveries in the treatment of mental maladies"; a prophecy which it is needless to say has not been fulfilled.

Thirty years later, Dr. Pliny Earle, after his return from Europe, urged strongly the necessity of establishing professorships of mental disease, and finally that has been done in a few of our leading medical schools; although, in one of the best, the lectures were first delivered in private parlors, as the faculty did not deem them of sufficient importance to be given at the college.

In none of our medical schools, however, except in New York, is disease of the mind taught clinically by observation, although there is not one of importance in Europe where it is not so taught. As has been well said by Dr. Gray of Utica, "the evils of this lack of attention to the pathology of insanity, and want of knowledge of the true character of the disease, are much greater than the public are aware of. If the result was only an indifference to the whole subject by medical men, it would be bad enough, but it is far worse. It is the application of a false theory, which not only deprives the sufferer of proper treatment, which he has the right to claim, but subjects him to wrong and injurious treatment, and especially to neglect of remedies in the beginning when the disease is in its curable stage."

Formal lectures on such a subject are of just as much practical use as in any other disease, and of no more. Without the hospitals of Paris, Vienna and Berlin, and the instruction at the bedside and in the dispensary all over the civilized world, Louis, Laennec, Oppolzer, Skoda and Traube might almost as well not have lived; their brilliant discoveries in the detection of the different forms of thoracic disease would have scarcely helped the world at large, and we should

have gone on treating the cough which needs rest in bed in the same way with that which warns us to drive our patients out into the open air, thereby sacrificing many a life which we now save.

The vague nomenclature, the supposed difficulty of diagnosis and treatment, the assumed ground that insanity can be treated only by persons peculiarly gifted, and in nearly all of its forms in buildings specifically constructed, has conduced to this omission on the part of our universities. We have learned that nature makes no leaps, and that there is no positive line of demarcation between sanity and insanity; that about one-half of the recent cases get well, of whom a little less than half remain so; that hallucinations of sight and hearing may be the genius of inspiration in Joan of Arc and a conclusive evidence of insanity in somebody else; that Julius Cæsar, Mahomet and Napoleon suffered from a mental disease, by virtue of which persons are held not accountable for murder in modern courts; that a false belief is not necessarily a delusion; that Martin Luther was not insane; that the Agrippinas, Neros, Caligulas and Tiberiuses of history were probably only the monstrosities which occasionally appear in modern times; that insanity was increased by the Crusades, the Reformation, the American and French revolutions, the Retreat from Moscow, the Commune, the religious revival in Edinburgh, and diminished in the manufacturing districts of England when the "hard times" compelled the laborers to drink less gin.

But how does all this interesting information help us, when the ink on our diplomas is scarcely dry, and we are called upon to sign a paper* which will send a woman to an insane

* In New York State there is a restriction, whereby only those physicians thought to be qualified to do so, are allowed to sign certificates admitting persons to insane asylums. The law on the subject is as follows:—

Section 1, 2, 3, *of Chapter* 446 *of the Laws of* 1874.

SECTION 1. No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy, before approving or disapproving of such certificate,

asylum for life, or deprive a man of the power to make his will, when we cannot for our lives tell the difference between *folie circulaire* and general paralysis, when we cannot recognize many of the simplest forms of mental disease in their early stages, and when we do not know whether the best treatment consists in sending our patients to the inactivity of an asylum or for a tramp among the hills, or whether he can as well or better be cared for at home?—an uncertainty which deprives many of the benefit of early treatment. It is certainly as rational to treat common cold and consumption alike because they affect the same organ, as to say that the manifold forms of mental disease should all be subjected to the same general rules.

Insanity, in the reports of our asylums for the insane, is the disease of which so many recover, so many do not, and so many die; but it would be fully as rational to say the same of all patients entering our general hospitals with "cough" and "pain in the chest"; for insanity is really only a symptom of disease, or perhaps a combination of symptoms; and the disease underlying it is often incurable from its very nature, and often readily yielding to treatment. The different forms often require as different treatment as brain fever and pulmonary consumption.

This confusion of names and of things, has undoubtedly had a seriously prejudicial effect on medical education, and is in a large degree the direct result of this very want of adequate instruction in our medical schools.

It cannot be denied that the sciences are each year claiming a greater part of the student's time, already too short for the

and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment.

§ 3. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of committing him to an asylum of which the said physician is either the superintendent, proprietor, an officer, or a regular professional attendant therein.

work he must do; but, in adding to our requirements for graduation, we have only begun to drop the lumber which medicine, as a dogma, had to carry. Of what importance is it, for instance, to the busy physician, to know that the morphine which he injects in his patient's arm, is from the *papaver somniferum*, and not from some other *papaver*, and to be able to give all the complex processes by which it is prepared for use? What cares he from which one of the *scrophulariaceæ* comes the drop which quiets the too rapid pulsation of the heart? These things are all very well—the expert must know them; but are they of sufficient importance to exclude a practical study of vitally important problems which meet every physician face to face in every year of his practice?

If we have time for only the necessary and fundamental branches, why not recognize the fact that the physician simply begins his education in the medical school and leave out many of the details which only a specialist is required to know, to be filled in by reading afterwards? With four thousand people in our State suffering from mental disease, and with the superintendent of every insane asylum in the country complaining that curable insanity is almost universally neglected in its early and curable stage, are we wise to exclude its careful study from our list, in order to have more time to investigate the action of digitalis and belladonna on rabbits and guinea pigs, or to learn difficult surgical operations which many will not see and only a few experts will ever perform?

"Taking the word hygiene in the largest sense," said the late Dr. Parkes, "it signifies rules for perfect culture of mind and body." In this maxim, and in its observance, we must look for our greatest help in convincing the community that insanity, like other diseases, is to a great degree preventable, and that to cure or to prevent it, we must first study it.

It is gratifying to find that such a serious defect in our medical education is attracting the attention of thoughtful people. In a recent report by one of our most distinguished sanitarians, we find these words: "A third branch of medicine, which is not taught in our schools, is the diagnosis, treatment and jurisprudence of insanity. I do not know if it will be possible to deal with this subject in this university, but I would keep this urgent want in mind, and the possibility

of making connections with some public or private establishments devoted to the care of the insane, which can supply the necessary facilities and receive more than a corresponding benefit." *

No truer word has been spoken than that "Insanity is part of the price that we are paying for the imperfection of our civilization and the incompleteness of our education." †

SUMMARY.

If our century's work seem to any to offer not enough to say in favor of our past, when we have been spending millions in the construction of asylums, without diminishing the amount of insanity or increasing our cure-rate, the present offers many signs of encouragement. We have made mistakes, it is true, and we are still in doubt as to many important points; but earnest people are at work over the whole civilized world, and more and more certainty is reached every year.

That we have started from as small beginnings, and have made no more progress in other branches than in insanity, may readily be seen by consulting John Howard's account of prisons, hospitals, etc., in Europe, published in 1789, and an excellent treatise on "A Century of Nursing," by a member of the hospital committee of the State Charities Aid Association of New York, issued during the past year.

If we go beyond this century, we shall see that there have been in modern times four great epochs in the history of the treatment of insanity.

(1.) The abolition of the theory of possession by evil spirits—a work of humanity, in which St. Vincent de Paul was the great mover, two centuries and a half ago.

(2.) Pinel's reform—also essentially humanitarian.

(3.) The adoption of the idea of the curability of insanity; the establishment of the *heil-anstalten* in Germany; Esquirol's visit to Gheel and his theories of asylum construction; the laws in England compelling the several counties to

* Johns Hopkins Hospital, Reports and Papers relating to Construction and Organization, No. I. By John S. Billings, Asst. Surg. U. S. A.

† Relation of Education to Insanity. By Edward Jarvis, M. D., in the Report of the United States Commissioners of Education for 1871.

provide for their pauper insane, and establishing a lunacy commission; Rush, Wyman, Bell and Kirkbride in asylum construction and management; Ray and others in the jurisprudence of insanity; the reduction of mechanical restraint in the United States forty years ago to a point below that in vogue elsewhere; and finally, the abolition of mechanical restraint begun by Hill and made a principle of treatment by Conolly. This may be called the practical movement, arising in England, France, and later in Germany, for a while reaching its highest point in the United States, now best in England and Scotland.

(4.) The general acceptance of the somatic and rejection of the psychic theory of insanity, by establishing psychology on the basis of physiology and pathology—a scientific movement anticipated by John Hunter, begun by Bichat and Esquirol, carried out by Griesinger and Virchow.

Humanity is now the basis of treatment everywhere, nowhere more laboriously and studiously sought for than in the best asylums of our own country.

The work of the future, the *rational* movement, will be for each nation to contribute its best, and for all to unite humanity, science and art in solving problems now satisfactorily met by none.

The history of mental disease shows a steadily progressive development of rational views in its treatment. So long as divine inspiration was thought to be its cause, the insane were treated as seers and prophets; and, as such, their influence on society has been a potent one. Under the later theory of the Middle Ages, they were burned or hanged by the courts, and whipped by their custodians, the monks. After St. Vincent de Paul, violence and force in their treatment gradually gave way to deliberate imposture. For a while, the satirist might have said that their care under the doctors consisted in showing that what was good for a sane man was bad for one insane; and it used to be taught, even from the professors' chairs, that patients were benefited by continual morbid surroundings, while the doctors must make a special exertion under the same circumstances not to become insane themselves; that asylums for the chronic insane would be fatal to the reason

of the curable cases which would be inevitably placed with them, but that it did no harm to subject acute cases to their daily influence in large asylums, and that the insane have a peculiar exemption from diseases and influences ordinarily affecting well people.

It was a long time before we made our practice at all correspond with our knowledge that insanity is a disease, and we have by no means done it fully yet; but now physicians know that they must gain the respect and confidence of their insane, just as they do with their other patients; and Dr. Farr, after thirty-eight years' experience in the science, which he made, of sanitary statistics, says, in his thirty-sixth annual report, "In fact, as far as is known, a lunatic remains as subject to zymotic, constitutional and various local diseases as sane people."*

In the majority of cases, a well arranged asylum is a better place for an insane person than his home; but the asylums might be made much better than they are, if we used a small part of the money now expended to gain a questionable architectural magnificence in providing more attendants and in improving our facilities for medical treatment.

To get the benefit of such improved asylums in properly selected cases, our general practitioners must understand mental diseases, as the majority of patients come under their exclusive observation in the early and more curable stages. When our medical schools have given them this knowledge, may we not fairly expect an improvement in the results of our treatment, corresponding with what has taken place in the early stages of pulmonary consumption and Bright's disease, especially when the superintendents, who are now overburdened with routine work, have more time to devote to their strictly medical duties?

It cannot be said that this is a subject which interests comparatively few persons. Such is the general impression, without doubt, and most people look upon insanity as something "hereditary," to which not many are liable. On this point, our highest authority said to the trustees of a new asylum:† "From the sad disorder which is to be treated within these walls, no one has any privilege of exemption. No accident

* Registrar-General's Report for 1873, page 221.

† Address at Danville, by Isaac Ray, M. D., 1869.

of fortune or birth, no measure of strength, no exercise of prudence may be able to save you from the fate of others once as little likely to meet it as you. Or, if you escape personally, the stroke may fall on child, parent, or neighbor with far more sorrow than if it fell on yourself. You, therefore, are deeply interested in having it perform its allotted service successfully, and are bound, as far as in you lies, to promote this end,"—an opinion fully sustained by Dr. Kirkbride, who says,* "Insanity is a disorder of the brain, to which, under certain contingencies, every one is liable." Hagen, too, after exhaustive researches extending over a period of twenty-five years,† has concluded that the influence of heredity, although considerable, is still much less than has usually been supposed. The very large number who marry wisely, and do not transmit their infirmity to their offspring, do not usually appear in our statistical tables.

Some of our most experienced and best-informed alienists consider the manifold diseases of the mind no more likely to be transmitted to offspring than Bright's disease and pulmonary consumption. The evidence is strong, also, that they may be as readily eliminated from families by wise marriages and judicious modes of living. In either disease, of course, there are cases where any marriage must be looked upon as unwise; but they are not so universal as has been sometimes supposed, and the transmission to descendants of what has been sometimes called the insane temperament has given to the world many men and women of genius, whom we could ill have spared.

Even as late as the time of the Ptolemies, the plague was unknown in Egypt.‡ One hundred years ago, it was thought a necessary part of modern civilization, and now, under a still higher civilization, the area over which it may be feared is narrowing from year to year. A similar result may be fairly expected with regard to disease of the mind.

* Report for 1876.

† Statistische Untersuchungen über Geisteskrankheiten. Erlangen, 1876.

‡ Ueber den Hungertyphus und einige verwandte Krankheitsformen, von Rudolph Virchow. Berlin, 1868, p. 53.